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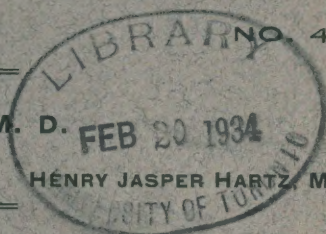
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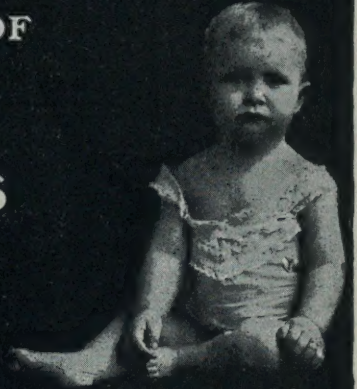
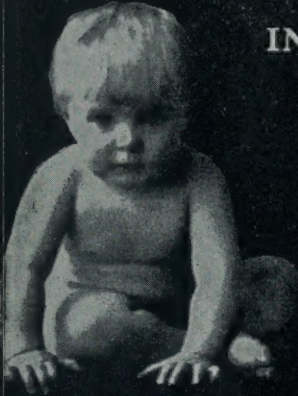
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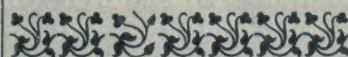
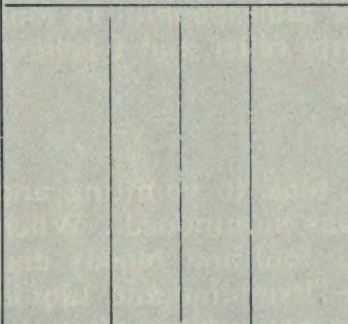
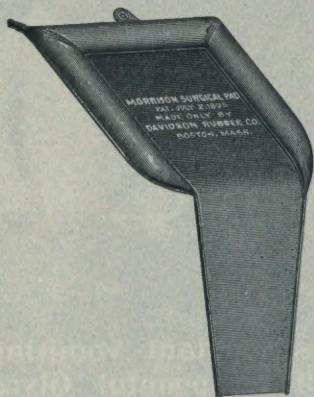
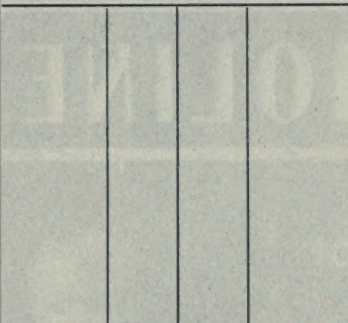
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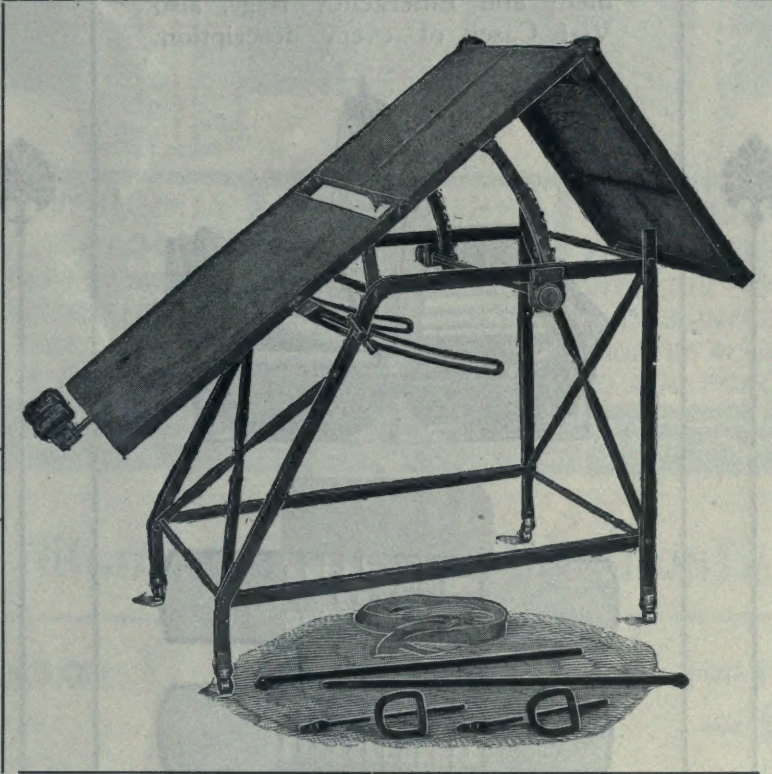
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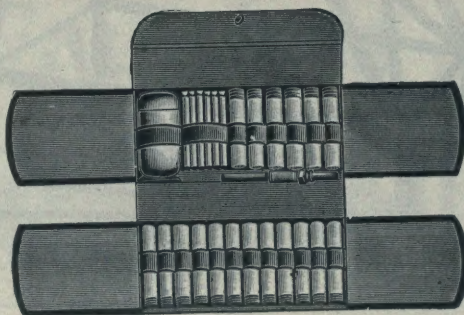
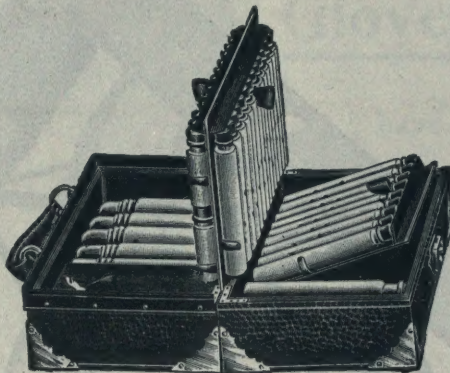
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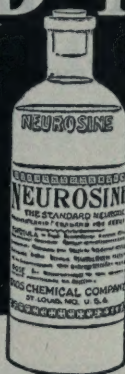
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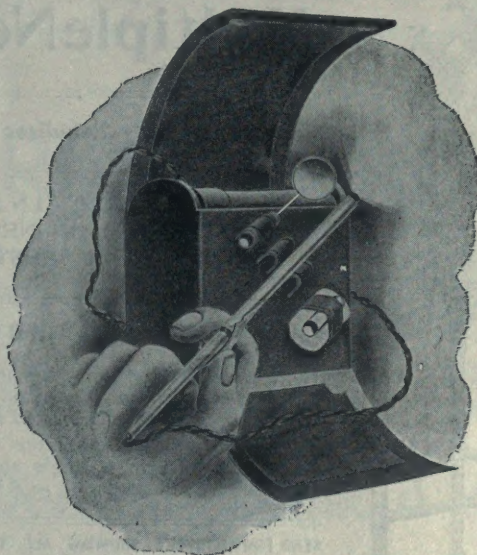
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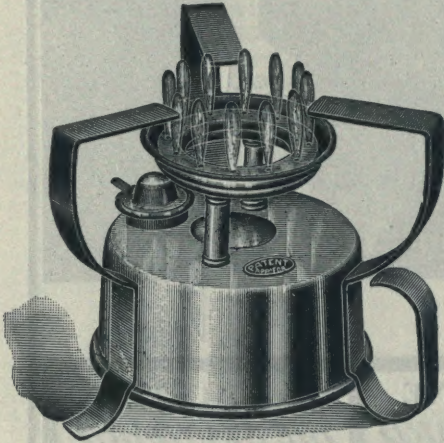
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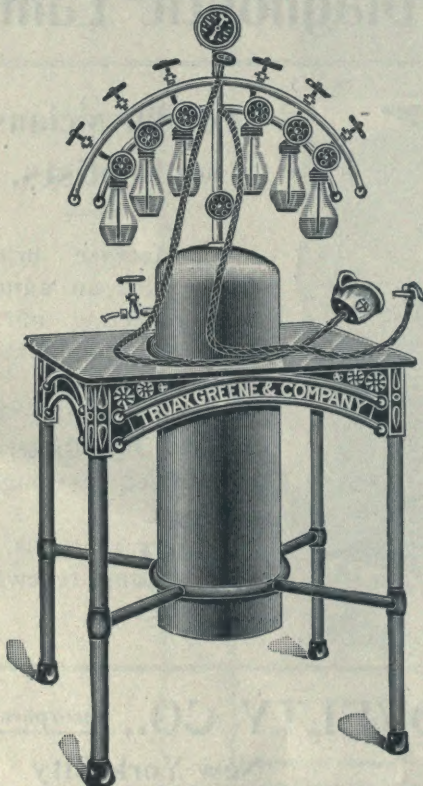
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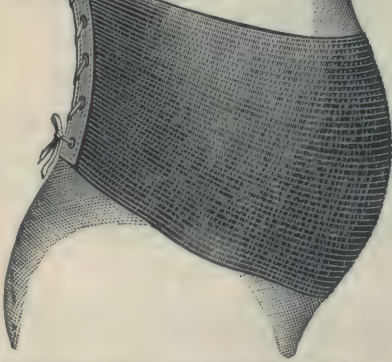
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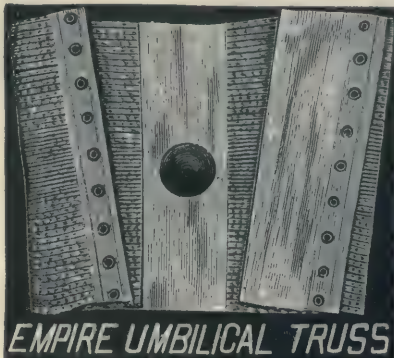
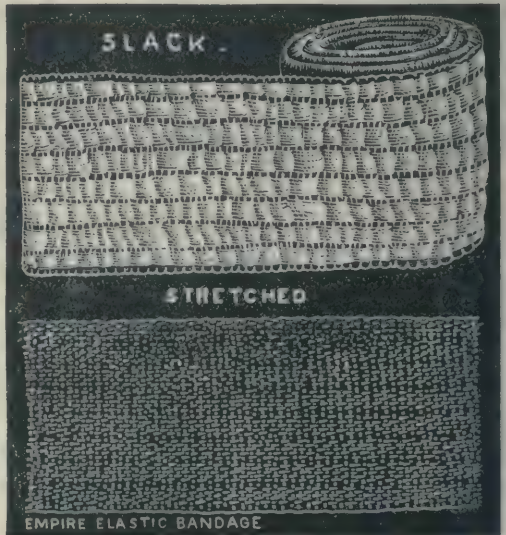
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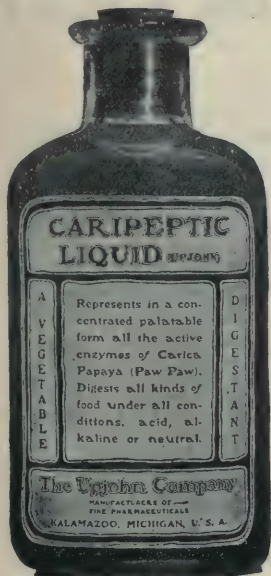
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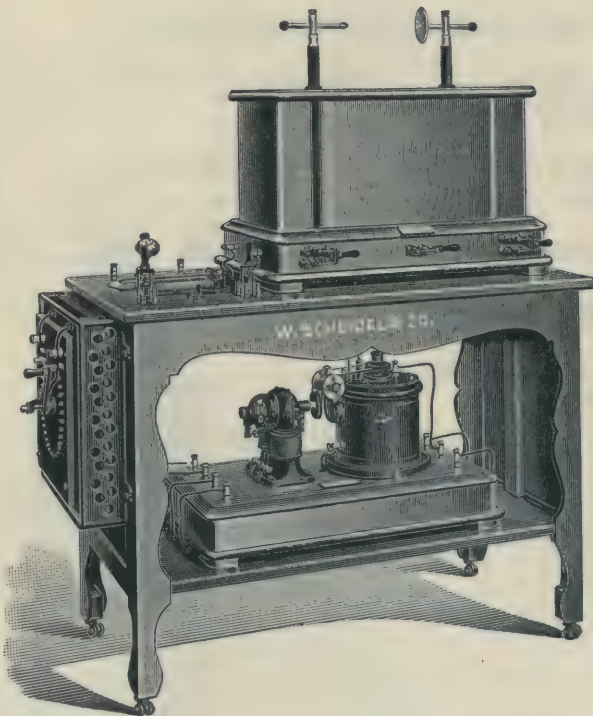
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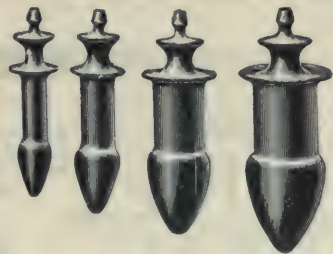
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No. 4.

SIXTY-SEVEN YEARS OF GENERAL PRACTICE, WITH SOME REMINISCENCES OF THE GIANTS OF THE PROFESSION HALF A CENTURY AGO*.

By DR. G. B. RUSSEL.

To My Fellow Members of the Medical Fraternity:

In thanking you for the honor of this reception, at least for the one-third portion which I claim, I am forced to call attention to an error in the title given me in the newspaper reference to this gathering. This article referred to me as one of the "Nestors of the Profession."

I cannot help but recall that Homer speaks of him as "more eloquent than Ulysses." He came to be a very old man. He always was a very good man. These two attributes, age and excellence of character, I am forced to acknowledge, like Nestor, that I possess, but the eloquent tongue is lacking. So that with your permission. I ask your secretary to read what I have written, perhaps too long for your patience.

In advising me of this banquet, Dr. Connor prescribed no regimen of dis-course. I am therefore selecting the treatment, and I have thought that a story of my early school and professional life, with impressions of some of the doctors I then met, might be interesting to you.

My early days were spent on a farm in the neighborhood of Lancaster, Pa., at that time the largest inland town in the United States. This town was situated in one of the most fertile counties of the country; had a population of about twelve thousand, and was the political

center of the state, and enterprising and thriving in a marked degree.

My father was desirous that the best education should be given to me, and this I received in both the country schools and in those of West Chester and Lancaster, receiving there a full college course from able teachers, all of whom I well recall; Kelly and Harper, Irish gentlemen, college bred, who had been obliged to leave Ireland to save their lives; O'Brien, of Bowdoin College; Patterson and Barber, of Princeton; Mulenberg, of Flushing, author of the hymn, "I Would Not Live Always;" and Daniel Fuller, of Yale, the lawyer, the doctor, the wise man, called the "Socrates of America," who knew everything, and some things besides. Hygiene and sanitation were his hobbies, and in talking to us infants, besides oral wisdom ad libitum he gave me for continuous study a copy of the great Dr. Kitchener's "Peptic Precepts, or the Art of Living All the Days of Your Life"—an author in his day lauded by Coleridge, Wordsworth, Charles Lamb, DeQuincy, and others. This last book, I am sorry to say, was borrowed from me about twenty years ago by some knowing rascal, and never returned.

These days of study in youth and boyhood were partly spent in the ancestral homes of my two great-grandfathers, in Eastern Pennsylvania, near Philadelphia, among the quiet, peace-loving people who

*Read at a banquet given by the Wayne County Medical Society, May 14, 1903.
Detroit, Mich., July 15, 1903.

came with Penn and settled there. One, Hugh Russel, of Ayreshire, Scotland, whose escape from death at the battle of Culloden was miraculous. It was fought April, 1746. He got to America the same autumn. The other great-grandfather, Thomas Whiteside, lived nearby, but was born among the "fighting Irish" in the county of Antrim, Ireland. Resident near the other's home since 1713—these homes, I am glad to say, are still owned by their great-grandchildren, my cousins.

On January first, 1833, I entered the medical office in Lancaster, Pa., of Dr. Humes and his celebrated pupil, Dr. John L. Atlee, the most famous ovariectomist of his time.

During all of 1832, and even before that, all my work and study was directed to medical literature. I was to be an "M. D." and my promised engagement was to go and live in Detroit, where were so many of my Philadelphia friends and acquaintances, especially the Humes and Governor George B. Porter, an esteemed friend and relative by consanguinity. Governor Porter, however, died here suddenly of cholera in 1834, but this fact did not break my engagement to settle in Detroit. All 1833 to October, 1834, was spent in hard study with the further opportunity of seeing the sick of the wonderful clientage that Humes and Atlee had.

In October, 1834, I went to Philadelphia and matriculated at Jefferson Medical College, becoming there a favored student of Dr. McClellan and enjoying the privilege of his office. This courtesy and professional favor had its origin in the fact that in the legislature of Pennsylvania my uncle, William Whiteside, in 1826 and 1827 favored and aided him in the removal of the Jefferson Medical School to Philadelphia, against much opposition.

Besides McClellan, at Jefferson College, was Patterson, from the University

of London, pupil of Sir Charles Bell, famous as the student of the anatomy of the brain, and Rivière, his distinguished friend in the practice of medicine. These men were peers of any men of the time.

George McClellan was the leader, the rival of Dr. Mott, of New York, and the first surgeon of the country, and especially esteemed and honored by his pupils. Of McClellan's surgery I would say, that it was the boast of all students at the time that owing to his care and skill in his operations, for instance the flap amputation at the thigh, he had better success in securing healing by the first intention than any living surgeon.

At this period Philadelphia was larger than New York, so that the hospital facilities were ample for the twelve hundred students who filled the two colleges.

I have to remind you, gentlemen, and particularly the younger members of the profession, that at that time anæsthetics were not known, and such operations were made under most fearful conditions. The straps and binding ropes, however, were generally strong enough to hold the patient firmly on the table. I cannot help but recall an experience some few years later in my own practice when I was obliged to operate for an aneurism of the brachial artery. The patient, a big strapping fellow, avowed that he was brave, as brave as his French ancestors, and persuaded me to begin the operation without binding him upon the table. Holding out his arm firmly he told me to proceed. The tourniquet was applied above the aneurism and one good incision was made, but before the operation was concluded five able-bodied men were helping to hold him down upon the table and—on the floor. It was a scene of blood.

A post-graduate course during the winter of 1838-39 in Philadelphia, enabled me, besides my choice of attendance at Jefferson College, to hear the lectures and teaching of Dewees on "Midwifery;" and

Chapman on "Practice," at the University of Pennsylvania; and at the hospitals, Samuel George Morton, the celebrated ethnologist; Wood, Barton, Douglas, and others. Pancoast's School of Medicine was in favor, and Nancrede's skill in operation was a topic much spoken of. These men were all imbued with the French school of teaching. The heroic method had been discarded in the main. Bichat, Andrall, Broussais, Richerand, Laenec, Corvisart, Dupytren—these were the men whose ideas were taught in the colleges of the east in this first quarter of the last century, and there is no doubt that the results were of lasting benefit to the profession. Under such training I received an education in the art of healing, and graduated in March, 1836.

To Broussais, especially, is due the main credit in those days for the change in the practice of medicine; in honor and respect for him, never in the last seventy years have I insulted the mucous membrane of my stomach and bowels with an emetic or with a single purging pill, powder or potion. In gratitude for the teaching of Rivière I never had a vile case of mercurial salivation in my practice. From Arnoldi, of Quebec, disciple of Broussais, I was taught to fear cholera as little as I did a tertian ague, and to cure it as readily. Thanks to Dewees, Blundell and Madame Bovoin and others in midwifery for their warnings, lacerations of cervix and perineum in those primitive days were never known. Blessings for old Fuller, who told us how much nature could do in the cure of diseases. The same, and more, for old Kitchener, who found out a *Nepenthe* for the ills and sorrows of life, namely: rest, sleep, the pillow, and not the bottle.

Let us laugh with old Gloneger at his sanitarium in Lebanon, Pa., when he said: "The art of physic consists in knowing when not to give it, and the added

duty of the God-fearing doctor to oppose and fight the insane passion for drugs."

As I have said above, my plan had been early made to come to Detroit, and, with this resolution in mind, I started for the west—a trip very different from the present twenty-four hours' ride between Philadelphia and Detroit.

The journey was made by rail from Philadelphia to Columbia, eighty miles—at that time the railroad terminus—then by canal from Columbia to Altoona, at which point the boat was taken out of the water, divided into three sections and hauled up an incline to Cresson, and again let down to Johnstown; then to Pittsburg by canal, at which point a boat was taken down the Ohio to Beaver Falls.

I well remember that at this point, in the hurry of the transfer, a mistake was made in baggage, and I started for Cleveland with a trunk not my own. I have always pictured the surprise of the traveler who obtained my baggage and, on opening it, found among the limited supply of goods and chattels, a carefully dissected and well prepared human homunculus.

The trip from Beaver Falls to Cleveland occupied about three days, and the slow-going steamboat, which made at least eight stops between Cleveland and Detroit, took up another three days, making fourteen days' time between Philadelphia and Detroit—a pleasant journey, however, as new and strange scenes were presented, and agreeable friendships made.

I arrived in Detroit on the 24th of April, 1836. It had been an old army post. Its main settlers were the French people, in number about four thousand, while the remaining two thousand people were made up of the families of the officers and soldiers of the army, the varied newcomers arriving and passing on in search of new homes further west, and the mechanics and artisans needed in such a

population, for the French were all hunters, farmers, fishers and gatherers of furs.

Swarms of land-lookers filled every hotel and boarding house. Numbers of the suddenly rich, who had fortunes to sell to make others rich, and boomers, speculators and sharpers abounded.

Merchants, lawyers, doctors—all were rich, or were soon to be—even the sedate and gentle doctors threw away their divine mission in their mad haste after the fleeting goddess.

It was at this juncture, May, 1836, that I opened my office and commenced practice.

Almost immediately on my arrival I found two of my classmates, Brainard and White, who had reached Detroit on a tour of exploration. I explained to them my determination, made long before, and claimed pre-emptive rights. White thereupon returned to Buffalo, and Brainard moved to Chicago, and in time both became celebrated in the profession.

Mrs. Governor George B. Porter had given me letters to Drs. Chapin and Randall Rice, and with some aptitude for making acquaintances, I was soon on friendly terms with the men who made up the profession in Detroit.

On reviewing a book, within the past two or three days, which would be as interesting to you as it has been to me, the city directory of 1837, I find that in that year there were twenty-two physicians in Detroit. Of these six, Drs. Pitcher, Terry, Cobb, Sager, Scovel and Starkey, came to Detroit after myself. I found here when I came, Chapin, Rice, Porter, Hurd, Cowles, McMillan, Brown, Bradley, Breckenridge, Smead, Theller, and one or two others.

Drs. Houghton, Thos. Clark, Hoyt and Justin Rice had all acquired considerable wealth, and had practically retired from active work.

Dr. Chapin lived only until 1839, but before he died I had come to know him

very well, and had become one of his attending physicians. He was the grandfather of the Hinchman family of this city, a fine physician and an elegant gentleman, and possessed of the best practice in the city.

Dr. Chapin and Mr. John Owen had a general store in which drugs were sold in a wholesale way. There were other similar stores in town, but there was no distinctive drug store in Detroit until 1849, when I built a store, 52 Jefferson avenue, and started Henry Simineau in business.

Dr. Randall Rice was one of the leading physicians, and the partner of Dr. Pitcher. In his clientage were the leading Episcopalian families and the majority of the army people, who made up so large a proportion of the better society of the city.

Dr. Porter was a distinguished New England physician, and his practice comprised most of the Presbyterian families—always a prominent denomination in Detroit.

Dr. Hurd, the uncle of Tom Palmer, at his office at the corner of Congress and Woodward, had a good general practice, and was an experienced physician.

Drs. Cowles and McMillan were very reputable physicians, and enjoyed a fair practice.

From 1839 to 1844, Dr. Terry was associated with me as partner. He came from a distinguished New England family, and was a very able physician—one of the most brilliant men whom I have ever met. He had published records of his travels in different foreign countries—books showing that he was a man of able observing powers. He had been Professor of Chemistry in Lafayette College, and became the father of the well known Detroit family. His wife, a most estimable woman, as older men here present will recall, has passed away within a very recent period. Dr. Terry, in '47, went to

Mexico with the army, was away two years, and returned broken in health. He retained an army position for some years, and later died in Chicago.

Dr. Sager, with Houghton on the Geological Survey, and later on Professor at Ann Arbor, was a scholar and a learned man. It appeared, however, that he was hardly fitted for the general practice of medicine, as he was one of those men who must be sure of his diagnosis, and generally delayed treatment until he was sure of the name of the disease.

In my own practice, if I was asked what was the matter with the patient, my general reply was "sick." If further questioned as to what was the disorder, "very sick," and if the case was exceedingly grave and serious, and if importuned to name the trouble, "fatally sick."

Dr. Sager was a man of the finest character and ability, and ably filled a professor's chair at Ann Arbor.

Dr. Scovel lived in Detroit at least forty years. He married Miss Rebecca Brooks, and begat Senior Scovell, who recently married the cousin of President Roosevelt.

Dr. Starkey lived here only a few years, and moved to some Western city. I had a very pleasant acquaintance with him, however, and consider that if he had remained in Detroit, he would have secured a prosperous practice. His family, including his son, afterwards returned to Detroit, and the son, Henry Starkey, a high-minded man, showed what the father was before him.

Dr. Cobb, a very reputable physician, with his son, Lucretius Cobb, enjoyed a remunerative practice. He lived for thirty or forty years at his house on Jefferson Avenue, familiar to you all as the present home of Dr. B. R. Shurly. Dr. Houghton was a very able and learned man, employed as Chief of the Geological Survey, but as I have stated before, he had become wealthy through fortunate

investments and had retired from active practice. While at work on his survey at Lake Superior he was drowned.

Drs. Ege, the Liebs and others, came and went in the early years following 1840, many of them physicians of more than ordinary ability.

The above named, however, were with one exception the physicians of Detroit for a number of years following 1837. This exception was Dr. Zina Pitcher, "the noblest Roman of them all"—my intimate personal friend until he died. It is not necessary for me to refer to his high character, to his varied attainments, to his continued industry, or to his great and invariable love for the profession. All this and more is well known to you all. I can only say that he died as he had lived—"above the lust of lucre or the dread of death."

In closing the list I cannot refrain from mentioning the pupil of Pitcher's—loved by him, as by myself, as a son, Farrand—one of the greatest of physicians and the best of men.

Pardon now a personal allusion. Twenty-seven of the sixty-eight years that I have lived in Detroit were spent in the most active, laborious and continuous practice of medicine. It was my business, my profession; it entailed obligations, which I never neglected to perform, towards the interest and care of my patients, although during most of that time I was contributing large sums to the development and progress of the material interests of Detroit. My professional duties embraced all departments of practice—both medical and surgical. There were no specialists in those days, and with a comparatively limited number of physicians, divided among an increasing population, my clientage was very large. As during the Civil War, General Pope once dated his report "Headquarters in the Saddle," so for many years I may truly say I was "In the Saddle."

I was in Detroit ten years before the roads were in a condition fit to drive a horse and vehicle over. My horse-back circuit took in both sides of the river—from Trenton to the Bay, fifteen miles above Detroit, and on the Canadian side from Malden to Belle River, eighteen miles above Windsor, as well as on the Gratiot Road to Mt. Clemens and Romeo, the Woodward Road to Royal Oak, Birmingham and Pontiac, Grand River to Farmington, and Michigan Avenue to Dearborn and Wayne.

This twenty-seven years of practice in Detroit showed a much greater percentage of malaria and typhoid fever and abdominal diseases than is now recorded. Small-pox was epidemic in the whole west, and in Detroit for three years, from 1837 to 1840; and the cholera three times, 1849, 1852 and 1854, and although I closed my books in 1863, and have made no charges since, yet there remained for me

the care of a large family, many relatives and friends, and the poor among the host of my employes. These have all given me daily work and experience.

Before the accident which disabled me sadly, and which occurred six years ago, during my eighty-second year, then in the prime of life, I had booked me to live until I was an hundred years old, and then, when the end came, to fall as the leaves fall, with the first frosts of October, or like ripe fruit drop into the lap of Mother Earth, or like Holmes' "One Horse Shay," at the end of an hundred years all at once fall into a heap of dust.

But now I feel that I must discount this estimate somewhat, for, if the downward pace is quickened in the years to come as has been the case in the last year, I cannot book me to stay with you all of the twelve years more before I "shuffle off this mortal coil."

149 McDougall Avenue.

MEDICAL CONDITIONS IN THE EARLY FORTIES.*

By DR. MORSE STEWART.

Mr. President:

Upon being informed of the object specially in view for the present meeting of the Wayne County Medical Society, my mind became retroactive, and while in a reflective mood, memory recalled certain events and incidents, which, from their historical bearing, seemed not inappropriate to the occasion. I thus fell to jotting down some of the more salient points, the record of which, together with reflections and comments thereon, constitutes this paper.

I have brought the paper with me, and if it is the pleasure of the gentlemen present, I will read it. It is necessarily somewhat personal, and may in that respect be of little interest. I must ask

your indulgence, therefore, for so much as refers to myself.

In the early part of the summer of 1838, I was registered as a student of medicine, under the preceptorship of the late Samuel Foote, M. D., an eminent physician and surgeon in the village of Jamestown, Chautauqua county, state of New York. During the three years following, I attended three courses of medical lectures; two in the College of Physicians and Surgeons of Western New York, and one in Geneva Medical College, from the latter of which I took my degree of Doctor of Medicine in the summer of 1841.

After taking a partial course of lectures in the autumn of the same year, I came to this city and entered upon practice. This was in November, 1842. Here

*Read at a banquet given by the Wayne County Medical Society, May 14, 1903.

I have remained in continuous practice unto the present time.

The leading physicians then resident in Detroit, were: Doctors Zina Pitcher, Randall S. Rice, Arthur L. Porter, Henry P. Cobb, Adrian R. Terry, George B. Russel, Charles N. Ege, and some others whose names I do not recall. These were men of courtly dignity and bearing, who would have taken high rank socially and professionally in any community.

Detroit at that time, had a population of a little over 10,000. It was just recovering from a severe reversal in business, due to a wild speculation in land, which began in 1836 and had met with the collapse usually following such extravagance. Real estate values had greatly depreciated; money was scarce, and such as was in circulation, of doubtful value. Medical fees were fifty cents for office advice, and one dollar for a visit. The cost of living, however, was moderate.

The city had been visited by two epidemics of Asiatic cholera of marked severity, one in 1832, the other two years later. In the summer of 1849, there was another outbreak of the disease, not as disastrous as the previous, but bad enough. In the month of July, there was a record of 350 deaths, mostly from cholera, out of a population of 20,000. The epidemic raged for three months, then disappeared from the city and vicinity. Still another outbreak occurred in 1854, somewhat milder than the others, which lasted three months. In the spring of 1850, a frightful epidemic of cerebro-spinal meningitis, chiefly attacking children, rapid in progress, and extremely fatal, appeared in the city. It was accompanied by maculæ covering the entire surface of the body, and hence took the name with the laity "Spotted Fever." By the medical fraternity it was called "Brain Fever." The first case was that of

a man from the country, who had enlisted as a soldier for the Mexican war, which was just then developing. This man died, and quickly thereafter, other cases appeared. There had been, as far as I was able to ascertain, no reports of the epidemic elsewhere in the United States, and naturally, the severity of all attacks and their rapid progress to a fatal termination, startled and for a time bewildered the physician as to the proper method of treatment. This epidemic had a longer duration than those of cholera, and even after abating in some degree, it yet remained in milder form for several years.

It was in or about the year 1850, that the first cases of diphtheria visited us. They were far more severe than any I have seen since. The membrane forming upon the palate and tonsils, was thick and tough like leather, and as it peeled off, left a raw and bleeding surface, which, if the patient survived until that period, was quickly followed by another, the blood, in the meantime oozing, so as to add greatly to the strangulating process. When the disease first made its appearance, it was regarded as an aggravated form of membranous croup, and was so called. There had been for some time previous, reports of a disease in France, under the name "diphtherite," and after a longer experience of the prevailing epidemic, the medical fraternity of this country became convinced that the French disease had found its way here, hence the name diphtheria was adopted. It is still a moot question with some, whether membranous croup is not a distinct disease, partaking of none of the features of diphtheria, except the exudate. In croup this is usually within the larynx from the first, while in diphtheria, its manifestation is upon the soft palate and tonsils. Epidemics of other diseases, smallpox, measles, scarlet fever, etc., have occurred at times with

malignant aspect, during succeeding years.

Of late years, the type of all these has been greatly modified, due to the hygienic measures within and for a considerable distance outside the city limits. In the early days, malaria, in intensified degree, prevailed here. It was attended often by intense congestion of the vital organs, and it was no unusual circumstance for the patient to succumb in the second or third paroxysm. This, too, like the other virulent forms of disease, has for many years been greatly mitigated through the hygienic measures above referred to.

Medical education, 65 years ago, was very limited. There were but few medical colleges, the great state of New York having but two, one in the city and the other in the interior. The number began to increase soon after. In those days, the educational requirements preparatory to entering upon the study of medicine, were such as might be had in any of the country district schools. Accordingly, the primary education of a large proportion of the medical men of that period, consisted in a limited knowledge of the English language, and so much of mathematics as could be found in the arithmetics then used. With a preparatory course like the above, a student was enrolled under some regularly licensed practitioner of medicine and surgery. Three years of such tuition, with attendance upon two courses of lectures, in a chartered medical college, the submission of a thesis written by himself on some medical subject, and a satisfactory examination before the professors, as to his knowledge of medicine, entitled him to the degree of Doctor of Medicine.

In some, perhaps all of the states, it was only necessary for a man to give three years as novitiate under a preceptor, and pass examination upon his knowl-

edge of medicine before the curators of a chartered medical society, to get a license with which to practice in any part of the state in which he was living. Not a few, under the last named means, attained even eminence in later years. An innate love of knowledge stimulated them to make up the opportunities lacking in earlier years. They became superior practitioners not only in medicine, but the natural sciences had a special attraction, and as botanists, mineralogists and entomologists, the names of many of these rank among the leaders in their selected field.

Clinical instruction in those days was very limited, even in the colleges connected with the hospitals in the larger cities, in which to only the favored few standing in close relation to a professor, did it avail much. The time passed under a preceptor really gave more opportunity for examining symptoms and watching the action of medicines than was usually obtainable in attendance upon three courses in a medical college.

As to other means of acquiring practical knowledge, they were few. Of instruments of precision which now exist in profusion, the stethoscope and the electric battery were about the only ones then in use. In lieu of these, a more careful exercise of the senses, especially of the tactile, was taught. By it, the pulse, which in those days was the most important factor in diagnosis, was carefully studied in its varying changes. The temperature of the body was gauged by the same sense, and the accuracy often attained therein was surprising.

I recall in this connection, the scorn with which the late Dr. Wm. Brodie regarded the clinical thermometer when first brought into use. He had no use for it. In our own day, many of the instruments of precision are of little use to the general practitioner in his daily rounds,

for want of time. Without such aids, the physicians of the olden times often became expert diagnosticians.

It is doubtful if with modern improvements, many can be found of superior skill in this respect in these days.

In therapeutics, reliance was largely upon calomel, opium, quinine, antimony and blood letting, the latter by venesection, wet cups and leeches. Counter-irritation in some form was much relied upon, especially vesication in deep-seated inflammation after the more acute stage.

In the treatment of disease as judged by the results, the physician of those days would make favorable comparison by the side of men of today. It is not to be questioned that many and great advances have been made in the knowledge of medicine, as also in the means applicable for treatment, and that the mortality of some of the more intractable has been much reduced. This is due in part to a better understanding of the laws of hygiene by the general public. Added to this, the views upon sepsis and anti-sepsis, introduced by Lister, have done much to improve surgical practice. Co-ordinate with these, the introduction of laboratory work and the microscope into the college curriculum, have proved a material addition thereto.

But with all these gains, it is to be feared that much of the old time conservatism is in danger of shipwreck from the bold and almost reckless invasions of the sacred precincts of serous cavities. Since the discovery of Lord Lister, these and particularly the peritoneal have become the veritable play-ground of the surgeon. The uterus and appendages have been handled with freedom by men of all grades of experience. Exploratory operations in cases of doubtful diagnosis, have been followed by the removal of organs of incalculable value to the patient on the mere presumption of being

the cause of some worrying symptoms annoying to the patient, but by no means endangering life. That this is no imaginary case, protests which appear from time to time in the journals, sufficiently attest.

Previous to 1892, appendicitis was seldom spoken of, even by medical men. But since that time it has been constantly before the public eye. The disease was well known by the name of perityphlitis, the name still given by the English surgeon, and was by no means considered formidable in endangering life. The treatment was rest in bed, suitable regulation of diet, demulcent drinks, and fomentations locally. It resulted sometimes in resolution; at others in suppuration of the appendix, in which case it became encapsulated, so that the pus was shut in, and the natural process of advance to the surface was promoted by the treatment. When by palpation it was found to be within reach of the physician's lancet, an opening was made for its escape. At other times, it found outlet through the intestinal tract and passed off *per vias naturales*. In either case, recovery was uneventful. The prominence given to this disease in 1892, and the mortality reported, quite naturally elicited expressions of surprise by men whose experience dated back of that period. This was met by the assumption that in the years before, the disease had been mistakenly diagnosed as peritonitis.

If this were true, the records of the causes of death should show a proportionately large number of the latter as compared with those of the years just passed.

Taking the reports of the health office of this city, beginning with Dr. Wight's administration, his first report for six months ending May, 1882, gives eighteen deaths from peritonitis. The second report for 1883, twelve months, gives forty-

three deaths from peritonitis. Taking the year 1890, the report of the health office for nine months, gives forty-one deaths from peritonitis. Allowing for the increase of population, there is but small difference in the mortality of the two periods, in point of fact, really more from the latter than from the former,, while from typhlitis, or appendicitis, as it is now called, the number of deaths of the years prior to 1902, stand as 5 and 7 of the earlier years, and 50 of the last.

In view of the foregoing, it is pertinent to ask how much has been gained by the acquisition in knowledge and methods of treatment of diseases during the last half century. For, after all, the cure of the sick is the main thing. There has been gain, but has it not been mainly on the side of sanitation? Due allowance should be made in favor of the several specialties, as of the eye and ear and of the upper air passages, etc.

In closing, I wish to add my conviction from personal experience, that the practice of medicine has sustained a distinct

loss by dropping from its list of medical remedies, blood-letting by venesection. Nothing has ever been devised which could adequately take its place under certain conditions. In the early or congestive stage of inflammation involving the vital organs, judiciously used, it will arrest the process and bring prompt cure, as no other measure or method is capable of doing. Of course, judgment is to be exercised in its use. This, under wise instruction, can be easily acquired.

I am aware of encroaching upon ground intrenched by professional conviction and popular sentiment. But facts, from undisputed statistics, ought not to be ignored by the physician who, of all others, should seek to know the exact truth. May it not be that through modern discoveries and advanced knowledge we are in danger of losing sight of *vis medicatrix naturae*, whose agency in the cure of disease our fathers so strenuously maintained?

440 Jefferson Avenue.

A HALF CENTURY OF PROFESSIONAL HISTORY.*

By DR. HERMAN KIEFER.

Mr. President, Ladies and Gentlemen of the Wayne County Medical Society:

After the elaborate addresses you have just listened to, it is with some hesitancy that I rise to say a few words, but I feel it a duty to thank you for the compliment paid by the entertainment of this evening and, besides, I take great pleasure in congratulating you upon the present organization of the Wayne County Medical Society, in taking hold of the trend of the times, which is specialization on the one hand and concentration of the specialties into one body on the other. No profession is in so con-

stant, close and manifold connection with the people at large as the medical profession, none understands better the feelings and tendencies of the public; the physician has to have his hand not only on the pulse of his patient but also on that of the times and it is, therefore, a logical and natural consequence that he should keep pace with the march of the latter. Medicine of to-day is a progressive science, based upon investigation and experience, confirmed by experiment. Progress is its soul; without progress it would stand still, and standing still means death and decay. Modern scientific medicine is not fettered to a dogma, may such be thousands or only a

*Read at a banquet given by the Wayne County Medical Society, May 14, 1903.

hundred years old; it is in constant motion, not satisfied with the knowledge achieved to-day, but aiming to know the yet unknown. Law and theology may remain stationary; as Mephisto says:

"All rights and laws are still transmitted
Like an eternal sickness of the race,
From generation unto generation fitted
And shifted round from place to place."

In early times, as you all know, medicine was closely connected with theology, it inherited from that connection the idea of good and bad spirits; the bad spirit of theology—the devil—is still the same devil that he was two thousand years ago, although deprived by modern civilization of his old attributes, horns and hoofs; but the bad spirit of medicine—disease—has been thrown from its pedestal, has lost its meaning as an entity because we know that disease is not a bad spirit, an inimical being, but a normal physiological process under abnormal conditions.

Considering the progress of medicine during the last twenty or twenty-five years, we may call it miraculous, greater than it had been in all the time before. Why? Because medicine renounced philosophical speculations and relied upon investigation and experiment, because it became a part of natural science. As one of the "old-timers," as your worthy secretary pleased to style me, you will allow me to allude to the time when I came to this city, fifty-three years ago. How was Detroit, how the standing of the medical profession, how the condition of medicine at that time? Detroit was not the beautiful city she is to-day (our asphalt pavements duly exempted from beauty); without sewers, without pavements, without sidewalks, without street lighting, my first impression was, when I set my foot on the shore, that Detroit was a veritable mud-hole and that I never would stay in such a place. The medical profession was outlawed by

a decision of the Supreme Court of the state to the effect that a doctor was any person who called himself such; the State Medical Society consequently disbanded; the Wayne County Medical Society was founded in 1849 without connection with other medical societies and was without influence; the medical department of the University of Michigan was established in 1850 with a two years' course of six months each; the two medical journals, the *Peninsular* and *Independent*, struggled with each other for a while and finally combined and died; no medical college was started in Detroit until 1868, hospital accommodations were poor and few and worst of all—there were no lady doctors. The fees of the practising physician were scanty if there were any at all, and they often had to be taken in "store-pay." Store-pay, you ask, what does that mean? Well, it was a nice scheme for the payment of bills. Money was scarce, millionaires were either not yet developed or they were land poor. Manufacturers, merchants, and storekeepers had an agreement among themselves by which they paid their employes with orders on their associates in the scheme. Wages were small, from sixty-two cents to one dollar a day; the employe having earned from four to six dollars a week, received one dollar in cash and was obliged to take the balance in orders on anything he needed—groceries, dry goods, clothing, hardware, furniture, provisions, etc. The doctor who had a bill to collect from a mechanic, clerk or laborer had to take such orders in place of money because the poor fellow had no cash. When the doctor went to the store called for in the order and, after selecting his goods, presented the order in payment for the same, the clerk who waited on him would very often say: "I have given you the cash price, if you pay in orders the price will be from ten to

twenty-five per cent. more, or you will have to take a correspondingly smaller quantity of goods." Still there were a few honest men who sold for orders at the same price as for cash, honor to whom honor is due.

As bad and unsatisfactory as was the condition of the city of Detroit and the standing of the medical profession at the time, was also the practice of medicine itself. Physical diagnosis was scarcely known, pathological anatomy was in its infancy; Virchow's "Cellular Pathology," which revolutionized the whole domain of medicine, was published in 1858. This is not the place nor does time allow me to give a history of the evolution of physiological chemistry, hygiene, bacteriology, etc; of the introduction of new and valuable medicines, to mention only the coal-tar derivatives; of the improvement in dispensing medicines in more palatable forms than the old, crude, horrible decoctions and infusions; of the invention of a number of new and most important instruments for aiding diagnosis, such as the ophthalmoscope, laryngoscope, cystoscope, endoscope up to the very latest, the fluoroscope. No better than pathology and diagnosis was the therapeutics of the time. Venesection, emetics, calomel in large doses, quinine and opium were the main reliance of the physician. These, and the nauseating form in which medicines generally were given, paved the way for homeopathy and its little pills. My first clinical teacher in internal medicine told us students: "Gentlemen, After you have made your diagnosis the question arises what to do? You must first ask yourself, what *must* be done and then, what *can* be done? Now there are a few heroes at your command, (mentioning venesection and the remedies named above.) If you have come to the conclusion that none of them is needed then, gentlemen, you may do just

as you please, it will be about all the same." The modern Prague-Vienna School, at that time the most celebrated one on the continent, which I frequented in 1847 and 1848, taught and practiced the utmost nihilism. Skoda declared: "We can diagnose a disease, understand and describe it, but we must never imagine that we can cure it." Hamernyk said: "Nature alone can cure and the highest aim the physician may strive for is to do no harm to his patient." Dietl proclaimed: "Knowledge is our strength, not action."

When I returned from Vienna my first clinical teacher in Freiburg wanted to know whether it was really true that Skoda did not bleed his patients suffering with pneumonia, and when I answered "yes," he asked me whether I had seen it myself and what the results were. I told him I had seen many cases treated without bleeding and in fact without anything, and that the results were rather better than of those treated with venesection. He shook his head and said: "Never mind, whenever I see a case of pneumonia, my hand goes involuntarily for the lancet." Imbued with the doctrines of the Prague-Vienna School, I came to Detroit and it happened that one of my first cases was one of croupous pneumonia. I ventured to treat it without bleeding, or rather not to treat it at all, with the result that, although my patient recovered, I earned the not very flattering reputation of being the biggest ignoramus in existence, not even knowing that a case of pneumonia ought to be bled, not only once, but two, three or even six times, provided the patient lived long enough. Pneumonia and venesection were synonyms, so to speak. What would you think now of the physician who would bleed his patient four to six times, and would then wonder that he died, notwithstanding all that had been done for them?

How was it with surgery, which is gaining more and more triumphs from day to day and is invading parts of the human body which had always been considered as a *noli me tangere*? Anesthetics had been introduced only a few years, not without great doubts and hesitation and against many objections. When the reports of this great discovery first reached the old country, they were received with incredulity and not believed to be true, but the reports followed each other in such quick succession that they could no longer be considered a humbug. In the surgical clinic in Freiburg, Professor Stromeier spoke daily of the new discovery, but being a very conscientious and conservative man, he did not dare to make use of it, fearing dangerous results. A few of us students, anxious to try and see the effects, concluded to make experiments. We caught some cats and, not knowing of any inhaling apparatus, constructed one of our own invention. We filled a pig's bladder half with ether, fastened one end of the mouth-piece of a German student pipe in the neck of the bladder and introduced the other end into the cat's mouth, the cat, with the exception of her head, having been secured in a sack. The result was all we desired. Her catship went perfectly under the influence of the anesthetic and recovered perfectly from the narcosis. After we had repeated the experiment successfully a half dozen times, having amputated legs and tails without any signs of pain being shown by the animals, we triumphantly told the professor of our experiments and surely expected to see the next operation done under ether. He listened very earnestly and attentively, meditated very thoughtfully for some time and said at last: "Gentlemen, men are not cats." After the use of anesthetics had been generally adopted, a well known physician at Mannheim applied them in a severe

case of obstetrics; he was driven out of the country by the clergy because he had violated the commandment of the Holy Bible, that women shall bear their children with pains. I mention these facts, incredible as they may seem to the present generation, to show what difficulties, doubts, fears and theological scruples this great and inestimable discovery had to overcome. Although by this means one of the horrors of surgery, pain, had been banished forever, another one, even more dreadful, had remained and handicapped its work. The so-called accidental wound diseases, pyemia, septicemia, erysipelas, and hospital gangrene were as frequent as ever, in the lying-in room the deadly puerperal fever lurked in the dark. Asepsis and antisepsis were unknown at that time. Specialties did not exist, even ophthalmology was a part of surgery and, except in a few large universities, was in the hands of the Professor of Surgery. By Helmholtz's invention of the ophthalmoscope in 1851, this specialty rose to be one of the foremost branches of the medical art. To many of you it may perhaps be unknown that the late Professor Kussmaul in 1845, then a student at Heidelberg, invented the first ophthalmoscope. It was on the occasion of a prize essay: "The appearance of different colors in the human eye," an essay solved by him "Summa cum laude," he tried to get an insight into the human eye. His ophthalmoscope was the best one at that time and had only one fault, as he himself humorously says in his "Reminiscences of the youth of an old physician," that is, you could not see anything with it.

Times have changed. The city of Detroit has changed, the standing of the medical profession has changed, the practice of medicine has changed, all have changed for the better. Much has been done, more remains to be done, but the

future of the profession looks bright. By division of labor, specialization, great results have been and greater ones will be achieved and by the concentration of the divided forces into one common, harmoniously working body, each one will help and support the other and will itself be benefited in return. That is, according to my humble opinion, what the present or-

ganization of the Wayne County Medical Society intends and will realize. It is one link in the great chain of county medical societies all over the state, all together forming the larger organization, the State Medical Society; may they live, grow and flourish forever!

Ladies and gentlemen, I thank you.

89 Forest Avenue East.

COMMENTS AND ADDITIONS.

By DRS. DONALD MACLEAN, SAMUEL P. DUFFIELD, JAMES SAMSON,
THEODORE A. MCGRAW, AND G. B. RUSSEL.

Dr. Donald Maclean: My observations will be few and brief. We have had a surfeit of good things intellectually in this room tonight. I have always been an enthusiastic advocate of conviviality—I mean scientific conviviality. Just think of what a treat it has been to listen to the reports of these fathers of the profession. I have sometimes myself felt worn and weary. I have felt like leaving the race to the swift and the battle to the strong, and then again I have bethought me of that Roman soldier who was found after a thousand years standing on duty in the ruins of the city of Pompeii, and as I have pictured him to my mind I have said to myself, "You stand up to your duty and emulate the example of that ancient hero." And then I have cast my eyes around and seen men like Dr. Morse Stewart acting the part of that old hero. There he stands after all these years of hard, laborious, honest and scientific work, unmoved—a monument to the honor and glory of the medical profession of this state and of this community and of the profession at large. I have seen others, though probably he is the most striking example of the everlasting loyalty and steadfastness of the medical practitioner; still, there are others and, while some of them may not have been as active competitors of Dr. McGraw and

Dr. Longyear and myself, still they have filled a very useful and honorable position, and I do say that certainly nothing but good, and the highest good, can come from such meetings as we have had here tonight. I give our President great credit, indeed, for securing this meeting and celebrating the honor and glory of three such distinguished members of the profession as we have been doing honor to tonight. I hope and I intend to live myself until I am the age of my friends, Drs. Russel, Stewart and Kiefer, and when that time comes I hope to be honored by you gentlemen as they have been tonight, and now I say to you, my old friend, Dr. Russel,

"Now here's a hand my trusty friend,
And gie's a hand o' thine;
And we'll tak' a cup o' kindness yet
For Auld Lang Syne."

Dr. Samuel P. Duffield: I will say a few words in the memory of a former schoolmate of mine who studied in Europe with me, whose friendship is ever green in my memory as one of the finest fellows that I have ever met and whose memory I regard like a brother, and that is Dr. Osborne Farrand. I first became acquainted with Dr. Farrand when a little round-faced boy looked up into my window in Munich and he says: "Is this Dr. Duffield?" I answered, "Yes."

He said, "Well, I am Osborne Farrand from Detroit." He had come over to study the German literature and prepare himself in the study of German for the future study of medicine in Germany. He was a mere boy. We roomed together. He went to Stuttgart for a short time, then came the panic of 1859, and it was very difficult to get any money from Detroit. Mr. Farrand's half brother had got cramped a little in business and could not send any money, so Os. writes to me from Stuttgart and he says: "I am out of 'tin' and am going to starve." I was then in Berlin, having my eyes examined, as I had been told that I was going blind, and at that time they did not have any ophthalmoscope. I told Farrand that I had some money left in the banks in this country, where the banks were brimming, and that I would get it made over into Frederick's coin and that he could come down to Munich and we would stick to it as long as there was any left. We lived economically, rented a room, and attended the lectures. We rented the room from a German lady who was kind in disposition but we got into the land of fleas; we had made our bargain and paid before hand, and she would not do anything about the rent. In our despair we went to Prof. Tenn Brook, who was then the American Consul, and asked him if he could help us out of the difficulty. He said we would have to sacrifice that money, but that section of Munich was always infested with fleas. When the panic of 1858 had passed he gave me enough money to go back to New York, and when I arrived there I had 50 cents in my pocket.

Farrand grew. He was the kind of a man that grew. He went down to the bottom of the question, and was never satisfied until he had solved the whole of the difficulty. I was astonished at the growth of his brain. He had not a full

college education, but he could reason—he was logical and sympathetic. His heart went out to his patients. I have seen that man weep over a patient, a thing that the doctor very rarely does. When he was breaking down I saw him one day in Detroit—I saw him and laid my hand on his shoulder and said: "If you do not let up, you will die." He said, "I am young and can stand it."

There sit the gentlemen who attended him in his last illness, (referring to Drs. Maclean and Russel). All honor to Osborne Farrand; may the wings of the angels cover him until the sleep which will wake in brightness shall have passed away.

Dr. Samson (of Windsor): Mr. President, Ladies and Gentlemen: I have not felt for a minute tonight that I was an integral part of this show and do not feel that I ought to have the privilege of saying a word on the occasion, but inasmuch as it seems to be in the order for all of the old men to have something to say to night and for the young ones to behave themselves, I may be excused.

I have been practicing for a very long time, but am only acquainted with one of the three, although for nearly half a century the names of these three men have been names to conjure with in this part of the country. It will be a long time before the names of any of the young men will be known as well in the larger portion of the Province of Ontario as the names of the gentlemen here tonight. I have known, for a number of years, Dr. Russel, and have grown exceedingly fond of him as being one of the most remarkable men of the century we live in—the brightest and wittiest old man in the state of Michigan, and a man that is exceedingly careful in what he says about everything. The highest compliment in the profession that I ever received in my life I received from Dr. Russel. He chose to

consult me accidentally over sixteen years ago; after having had the best of you look him over, I got the opportunity. The doctor paid me the personal compliment, which was a very distinguished one, of saying that I had given him the very best professional opinion he had had in reference to his case—I had promised him sincerely that if he lived long enough his trouble would get well.

I was struck a minute ago in hearing these papers read. We are not, perhaps, thinking seriously enough tonight of what has been happening. These are three important papers. The one that I heard most plainly of all was a very remarkable paper and one that ought to be kept for a long time by all that are present tonight.

These three old fellows remind me very much of a politician who lived in the state, near Jackson, a good many years ago. This man, on an important occasion, delivered an extraordinary address. One of the papers said that he stood up and spoke four and one-half hours, and remained sensible to the last. These three men have practiced medicine for two hundred years, and to recognize that the whole three of them are here tonight and sensible to the last is a great compliment to pay them.

Ladies and gentlemen, this meeting is very appropriate. The brightest thing that was said here tonight was in reference to the death of Dr. Pitcher, that he was not afraid of death at the end. These three old men realize the fact that the probabilities are very strong that if you had neglected the opportunity to do what you have done tonight, you might not have had an opportunity to do it a year from now.

These three men have distinguished themselves in the work of the profession and have seen in their active lifetimes half of the history of the world, so much has occurred in the world to make it great

and fit to live in; as much has occurred since Dr. Russel gave his first dose of medicine as occurred in 500 to 800 years before. It is a marvelous tribute to the profession to know that human life in civilized countries is three and one-half years longer than it was when these men commenced in the practice of medicine. Medicine has done a great deal, in that each child born in this country is entitled to three years more than when these men were boys. A good many lessons might be learned tonight from the lives of these men. They distinguished themselves in the profession when it was hard for a man to distinguish himself. You have a thousand things at your disposal now that these men did not have. If you stand today and watch the records of your personal experience and your lack of fortune in handling the fates of the families into whose houses you are permitted to go, comparing them with the lives of these men in days when there was no anæsthesia, there are men in this house tonight who might be ashamed of their reputation. These men are thoughtful, sober-minded and serious, and able to relieve their patients as no one of us is. No one of these men ever went into a house, saw the patient was in misery, stuck a thermometer into his mouth and thought he knew what ailed the man. In those days a man had to find out what ailed the patient to save his life, and he had to do this to save his reputation. Not one of these three old men but under such circumstances saw before him a problem which required logic, thoughtfulness, prudence and kindness in order that he might try to save a human life. He had to depend upon the touch of his fingers, and the patient's eyes and tongue and countenance and study the story of his environment and life, and out of the study carefully made without a thermometer, without anything but his own solid sense, some of the best diagnoses were made

since men have practiced medicine in any country in the world. It is the kind of life like that that has made these men as broad and great as they are. We are practicing medicine today too largely by machinery, and there are many men practicing medicine today who are not half as good as these men.

I congratulate them that no one of the three has ever gone into a house and killed the patient with a hypodermic syringe. They had to study out what was the best and safest way to relieve pain. They did relieve pain, wisely and by a good purpose. I have no doubt, as I have sometimes said before of this great discovery, made since I began to practice, that it is the deadliest weapon that has ever been discovered as yet. I have no doubt that the men before me and the 40,000 other physicians, with their own hands and with that single deadly weapon will destroy more human life on this continent in this century than will be killed by war, famine and pestilence. I do not believe that at any time within the last seventy years any one of these three men took a concoction made by a big drug house and administered it to a patient to whom it would do deadly harm. Many of us prescribe medicine today without studying into the compound, as long as it stops pain and makes the patient quiet. In the old days we had the apothecary—he is now dead and gone.

With their crude remedies these men saved human life. I doubt if any one of them could ever have charged up against him that he had shortened a human life by giving a dose of any coal-tar derivative when other little things would have answered the purpose better. I wonder who of us, before the sun goes down tomorrow night, will rush into somebody's house, look at a man, snatch out a thermometer, stick it under the old man's tongue, find a temperature of 104, dive down into his pocket and give medicine,

and leave word for the family to let him know tomorrow how the patient is, and in the afternoon, in consultation, one of these three older doctors will find that the doctor that came last night has killed him. I believe some wonderful things were done by these old practitioners, without any of the aids, diagnostic and therapeutic, of what we call up-to-date medicine.

I most sincerely trust that when you call the roll five years from now these men will be with you again.

Dr. Theodore A. McGraw: Mr. President and Gentlemen: My earliest recollections before ever I thought of studying medicine, as far as physicians were concerned, were with relation to these three gentlemen whom we have with us tonight. When I was a boy I used to hear of Dr. Russel, Dr. Stewart, and a little later of Dr. Kiefer, and they were the men who were held up in the profession as being, with Dr. Pitcher, and one or two others, the men whom the whole city could rely upon. Looking back upon these times when I began to study medicine and entered into practice, a good many peculiar reminiscences come up.

Coming here tonight and seeing Dr. Duffield, I am reminded of a little reminiscence. When I came back with a big estimate of my knowledge of medicine, I think it was during the war, when he had that little drug store, I went in with great enthusiasm to see the Doctor. We shook hands and he said: "Doctor, let us have some soda-water." I did not like soda-water, but I would not refuse the Doctor when he invited me to take it, so I took a glass. I asked him how he was doing. He said: "Very well, but I can't make much money, for the profession sponge upon me so for soda-water."

Coming back after the close of the war, I found a condition in practice which was very different from the condition we have today. I found here a city of 53,000 in-

habitants, and all the practice in the city was controlled by about a dozen men. Among them were Dr. Pitcher, Dr. Stewart, Dr. Russel, Dr. Cooper, (Dr. Drake had all the homeopathic practice), and Dr. Kiefer. I think Dr. Russel shows what a larger, stronger set of men those were than any we have today. When we came back from the war, we came as young men of from 27 to 28; we found a very peculiar condition of affairs in the profession. We found that there were no men excepting ourselves who were not forty years of age. I never understood how that happened—how these men who had control had managed to push out and prevent all the newer men from entering the field, but Dr. Russel tells us how he did it with Dr. White and another man, and I begin to get an idea how it happened. There was absolutely no transition in ages; I never heard of it in any other place or time. There were no young men excepting the men who came in just after the war, for fifteen years a gap. This is a peculiar thing in the history of the practice of medicine in this city. There were some other peculiarities in the practice of that time, showing what evolution has gone on in the methods of practice. When I came into practice here it was when the people had family physicians; a doctor owned his family; if you went into that family and they wanted you you could not take that family until they had sent away the other family physician that they had concluded they did not want for a family physician any more. Now in many ways, of course, that was a delightful condition of things: you had the family and were a sort of father to it; nobody else could step into that family. But evolution went on, and it has seemed to me that while the old way had a great many beautiful things in it, men went into practice who had no regard for any of those old men and their ways. I think Dr. Inglis told me that his father never sent out a

bill until the close of the year. My father used to have Dr. Pitcher as his family physician. Only once in a great while a notice would come that there was a little bill of \$50 or so due.

The profession starved. In the evolution which came after the war it was found impossible to keep up that thing. In the first place the people would not consent to be bound to one or two men. The people would not be held so they must not speak to anybody else. On the other hand, it was not right that the physician should not get prompt pay for his labor. It is impossible to study medicine and practice it and keep up the dignity of the profession unless there is a proper remuneration. There was a development of specialties, such as Dr. Kiefer has spoken of, in which it was necessary for men to devote themselves to a certain line of thought. There are no family physicians today in the sense that there used to be. For myself, I would not want to do practice by the year and jump up at everybody's beck and call. On the other hand, there is a loss, because we have become more commercial, and I think that that growing commercial condition of the profession is something that we have got to struggle against; because we demand what is right and true and is our due, we should never forget that after all our first duty is to our profession and to humanity. I have seen that growing commercialism which manifests itself in such a variety of ways—in the surgeon who gives part of his fee to somebody else who sends him a case; it is degrading our profession, and they did not have that in those days. There is so much that can be said about this thing. I feel honored tonight in having these gentlemen with us. I have known them since my earliest childhood, when their standing was at the top of the profession, and it is well that we have had them with us tonight.

Dr. Russel (in closing) : We sometimes hear that virtue is its own reward. In 1837-1838 occurred what was called the Patriot War; the idea was to liberate Canada from the domination of the British and give the French people their rights. The army was called upon. Dr. Sager was surgeon of the Brady Guards; Dr. Tripler was surgeon of the regular army; when the war broke out, Dr. Sager had gone on the survey and Dr. Tripler said he would keep out of it. I volunteered myself to take care of the poor patriots who were wounded in the war and the Brady Guards and the Militia. There was no compensation at all; I did it as a matter of duty. The trouble was over, and two or three years afterwards some gentleman told the English in Washington that I had taken care of these several departments without any reward, and I received one year's pay as assistant surgeon in the U. S. army.

At the same time the small-pox occurred here. I was with it for three or four years. I built a small hospital myself to take care of the cases. Most of the Indians caught the small-pox. I

heard of it in the forenoon of a day, got ready and started out to Connor's Creek to see these Indians, and before I left I vaccinated the whole Indian tribe, more than seven hundred, and that week I vaccinated two thousand altogether. I had no idea that I was doing anything but my duty. Somebody told Henry Schoolcraft, the Indian agent. He wrote to me to get the facts three or four years after, and the first thing I knew Grant sent me \$700. I took care of a very nice young lady for three or four years, who was suffering from consumption. At last she died. She asked her husband to reward me in some way. All he could do was to give me 12 acres of the Beaufait farm, which was worth \$20 an acre. I sold this 12 acres of land to Hiram Walker for \$1,200. A few years afterward I thought I would like to see the property again, and bought it back from David Cooper and paid \$20,000 for it. I kept the property and lived there a few years, fixed it up, and sold it for \$85,000 cash. I have received in my life more money for gratuitous service than I ever got in my practice. This proves that virtue is sometimes its own reward.

Tennessee is crying for anti-cocaine legislation, as the result of the discovery of the fact that cocaine in claret is being sold to negroes in the south in every low dive and corner grocery in the poorer quarters. In this form it is sold cheaply and with destructive effects on the users and those with whom they come in contact while in the condition produced by the drug. No one doubts that some legislation ought to be obtainable by means of which the sale of cocaine could be controlled. Tennessee already has a law of this kind, and has had for several years, but it is not enforced, and is therefore of little use. What we want is proper laws, and then their proper enforcement.

A most unorthodox physician died recently in Lemberg, Galicia. His name was Ladislaus Jasinski, and he left a fortune of \$65,000 behind him. This he bequeathed to a fund for assisting the widows of physicians, and in the same will he provided that not more than eight shillings should be spent on his own funeral. He had numerous decorations and orders of merit, but the day before his death these were given away to a coachman and a postman.

The American Medical Association has concluded the purchase of the premises at 239-241 Indiana street, Chicago. The property is 40 x 100 feet and cost \$15,000.

DETROIT MEDICAL JOURNAL

A MONTHLY EPITOME OF
PRACTICE AND THERAPEUTICS

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No. 4

THREE OLD STALWARTS.

We are very glad to publish in this number the addresses of Drs. Russel, Stewart and Kiefer, on the occasion of the dinner given in their honor by the Wayne County Medical Society on May 14 last, together with the extemporaneous remarks of several other "old-timers" who were present. None of these addresses was intended for publication, and, with a modesty unknown to the present generation, each writer shrinks from publicity; but the great historical value of this symposium of wit and learning justifies our gentle insistence in securing it. Dr. Russel began practice in 1836, Dr. Stewart in 1842, Dr. Kiefer in 1849, and their reminiscences embrace not only the growth of Detroit from a muddy village to a cosmopolitan city and Michigan from a wilderness to a great and thickly populated state, but the development of medicine from the age of bleeding and purging to its scientific position of today. It may be true, as Dr. Samson alleges, that we rely too much upon our machinery as diagnostic aids, but certainly the tremendous advance in our knowledge of the etiology of disease, coupled with the development of surgery and other special methods of treatment saves many lives today that were former-

ly lost. The average man of fifty years ago was unquestionably a better diagnostician than the average man of today, and in spite of the paucity of remedial measures at his command did noble work. We live in the golden age of medicine, comparatively, and the recounting of the hardships, trials and achievements of these pioneers is a stimulus to us in the endeavor to at least equal their record of unselfish devotion and untiring interest in the profession to which they gave their best efforts.

THE WAYNE COUNTY MEDICAL SOCIETY.

The reorganization of the profession is accomplishing many good things, not the least of which, as viewed from Detroit, is the concentration of ability and brains into one strong County Society instead of the dissemination of energy among several societies, always of necessity somewhat antagonistic. In union there is strength, not only in the actual scientific work accomplished, but in the influence which every medical society exerts upon the community.

The present Wayne County Medical Society, which is the Wayne County branch of the State Society, is to be congratulated upon gaining the high position it holds among the strongest societies of the country, as the result of its first year's work. The manly stand taken by the local profession a year ago, in burying petty factional differences had much influence throughout Michigan and other states in which a similar dilemma confronted the profession; and the hatchet is buried too deep for resurrection. Nearly 400 members have affiliated and nearly 100 members have every week expressed by their presence their hearty appreciation of the tireless efforts of the Program Committee.

Several of the innovations new to this neck of the woods have come to stay—an annual dinner, a weekly Bulletin and,

without much doubt, the Section Meetings.

It must be remembered, however, that this first year is but the first heat in the race, giving only an indication of what is possible, but by no means determining the final results of continued effort. We in Detroit, as others do elsewhere in the profession, need to cultivate the Society habit, because frequent attendance and participation develops the individual, smoothes off his rough corners, and fills his breast with the milk of human kindness toward his brother practitioners.

THE CERTIFICATE MILL.

The closing chapter of what promised to be a most successful medical swindle, and one that certainly had the merit or being unique, will be written in October, when the federal grand jury sits in Chicago. The opening chapters were written a few weeks ago, when Dr. R. News Wood and Dr. Arthur C. Probert, of the Christian Hospital, Chicago, began the issuance of circulars. These called the attention of the medical profession to the remarkable prestige that could be gained by the possession of a certificate stating that the holder was a member of the staff of the Christian Hospital, Chicago. The certificates were to be obtained at a cost of \$20 or \$25, according to the style of printing and so on, and the judiciously worded circular also offered to sell neat lapel-buttons which should act as an open sesame to the hearts and purses of possible patients.

The scheme worked very well, and would have proved profitable to the promoters, if they had not gone beyond the bounds of the law. They began running the photograph of Dr. John B. Murphy, of Chicago, on their "certificates" and the doctor promptly got out an injunction against the two men, restraining them from using either his name or his photo-

graph in connection with their scheme. He also brought about the arrest of the two men on the charge of fraudulent use of the mails.

An insight into the character of the two men who were at the head of the certificate-mill is gained in the widely published statement that Dr. Probert had served a two years' sentence at the state penitentiary in Waupun, Wis., for embezzlement. It is also stated that the promoter's photograph is in the Rogues' Gallery and that he has been positively identified as the right man. It is also alleged that he conducted an enterprise similar to the one that has just fallen through, two years ago, at Niles, Mich., where the certificate game was tried with some success.

The Chicago Medical Society took an important hand in the game, and did much towards collecting evidence against the two men that was sufficient to warrant their arrest and subsequent appearance before United States Commissioner Humphrey. They waived examination on the charges preferred by the federal authorities, and were held to the grand jury in \$2,000 bail apiece. They will be dealt with at the October session.

This whole affair is only another strong reason for believing that the physician is best off when he keeps out of any advertising scheme, however plausible and apparently within the bounds of ethics it may be. The promoters of the Chicago scheme knew that they were selling something that would have value in the eyes of the credulous patient who is always likely to be impressed with the outward and visible signs of learning on the part of the physician; but they had nothing back of them. The men who were put to the front to give stability and a reputation to the Christian Hospital were probably, for the most part at least, entirely ignorant of the fact that their names were being abused in this

way; and certainly the reputation of the two men at the actual head of the hospital does not seem to have been especially above reproach. The gulls who bought the certificates of membership on a staff of hospital physicians are out their money; and it will need much careful and watchful work on the part of the prominent physicians who were made use of before they can entirely clear their skirts of the mud which such an affair stirs up in the minds of the profession.

It is but just to reiterate, however, that we believe the Chicago leaders to have been innocent of evil purpose.

DR. VAUGHAN'S FESTSCHRIFT.

Dr. Victor C. Vaughan, dean of the medical college of the University of Michigan, was signally honored by the university and his fellow practitioners in the profession of medicine at Ann Arbor on June 17 last. For the past quarter of a century, Dr. Vaughan has been actively connected with the university, and it was thought fitting by his many friends to testify in some official manner to the esteem in which he is held by those who have noted the value of his services.

The testimonial took the form of a memorial volume, dedicated to Dr. Vaughan, and containing the work of thirty-four men, each of whom had contributed an article to the volume, thus increasing the personal nature of the presentation. An official character was given to the exercises by the fact that President James B. Angell of the university, delivered a short speech touching upon the work that had been done by Dr. Vaughan as student, professor and dean at the University of Michigan. Dr. Vaughan was considered an exceptionally bright student when he came to Ann Arbor twenty-five years ago, and his work since that time has only enhanced the esteem in which he is held by his fellow-workers on the faculty and in the

profession of medicine. The memorial volume was presented to Dr. Vaughan by Dr. Albert B. Prescott, dean of the department of pharmacy of the university, an old friend of his fellow-dean on the faculty. His speech of presentation was full of feeling, and testified eloquently to the high regard in which he holds Dr. Vaughan. The gift brought moisture to the eyes of Dr. Vaughan, who modestly disclaimed deserving such a testimonial, but he said that he would gladly accept it as a testimonial from his colleagues. In the audience present at the time of the presentation were a number of the old friends and class-mates of Dr. Vaughan. Members of the board of regents of the university testified by their presence at the ceremonies their official appreciation of the work that has been done in Dr. Vaughan's department since his connection with it, and the ceremonies could scarcely fail to be gratifying to Dr. Vaughan, for there was not only an official recognition of his labors, but also an eloquent testimonial to the deep personal regard in which he is held by his old companions and friends.

It was a fitting tribute to the work accomplished by the dean of the medical department of the University of Michigan.

THE LAY PRESS AND THE PROFESSION.

The local press has recently enjoyed much sport at the expense of the doctors, as the result of the request of the Wayne County Medical Society that the papers refrain from publishing names of physicians in connection with cases or operations, without the consent of the physician, in conformity with the intent of Chapter II, Article I, Section 7 of the Principles of Medical Ethics, which says: "It is incompatible with honorable standing in the profession to publish cases or operations in the daily prints, or to *suffer* such publications to be made," etc.

Many and varied, and on the whole very amusing, have been the comments upon the request. One paper would like to give to the public a doctor's pedigree and record, like a race-horse, so that people might speculate as to his chances of winning the race with death for his rider, the patient, judged by his speed and staying qualities as shown in previous contests. Another would require all physicians to publish their cases with mortality percentage, so that the layman might stand some chance of picking a winner, should necessity demand. Another suggests that all doctors are more or less frauds, the difference being merely in degree. The writer of this suggestion evidently agrees with Mr. Dooley, anent Christian Science, when he remarks that if the doctors had a little more Christianity and the Christian Scientists a little more science, it would not make much difference which a man had, if he only had a good nurse.

Although the request is in many ways a reasonable one, we are not at all surprised at the resentment shown by the secular press at what it considers an infringement upon its sacred rights to publish all *news* and to determine for itself what is *news*. The credulity of the American public regarding medical matters makes anything news which the papers can get hold of and they are glad to publish any kind of sensational tommy-rot, knowing that it will be eagerly read and accepted as fact by the lay reader, however absurd it may appear to the educated medical man. For example, witness the miracles wrought the last year or two by normal saline injections heralded throughout the country by the newspapers, when every medical man has for years been as familiar with the use of normal saline solution as with the vaccine point or the hypodermic syringe.

The chief objection from the ethical standpoint to the attitude of the local

press is, that by taking advantage of it the notoriety-seeker is afforded an opportunity to advertise himself in an attempt to advance his own interests. It is frankly acknowledged by the papers that it is a common practice for some doctors to send in reports of accidents or cases which the grateful press utilizes as *news*, paying for the information by stating that the case is under the care of Dr. Blank, the rising surgeon or well known physician — which is also frequently "news."

No medical man objects to the publication of authenticated facts in such a way as to instruct the laity and broaden public knowledge regarding the advances made in surgery, hygiene or preventive medicine, nor to having the papers allay public anxiety in the case of illness of men of prominence by giving the fullest information possible; but it seems to us far-fetched to maintain that it makes a blamed bit of difference to the average reader whether Dr. A. or Dr. B. put in the three stitches when the cow kicked little Willie. The fundamental item of *news* is that the cow kicked Willie; but if Dr. A. telephoned the paper his name is published, and thousands of readers feel sorry for Willie, who otherwise would not shed a tear, so great is the influence of the public press. Seriously, does the publication of the name of the doctor, except in the case of very well known men or in the presentation of new medical theories, add anything whatever to the value of the *news*? If not, why publish it?

A somewhat peculiarly business-like transaction is reported from Shelbyville, Ind., where one physician purchased the practice and good will of another practitioner, and then promptly had an injunction issued restraining the former owner of the practice from practicing in his old location or its vicinity.

EDITORIAL NOTES

Germany is about to inaugurate a stern war upon the illegal practitioners of medicine with which the country is infested. For some reason or another, Germany is the scene of more varied operations of quack doctors than any other civilized country on earth. Both men and women are in the ranks of a constantly increasing army of inexpert "physicians," whose only thought is to secure a fee from some individual whom they are able to hoodwink into a belief that a magical cure for some disorder is in the hands of an illiterate and unprofessional irregular practitioner of medicine. The German ministry has in its possession statistics which show that more than 100,000 men and women are practicing medicine in Germany without the legal right to do so; and this number is rapidly increasing, recruits being attracted by the light work and the large pay. The profession in Germany is up in arms against the conditions that obtain. In some of the largest cities the quacks make more money than is secured by the most competent and best educated physicians, and all orders of society are represented in the list of patients that are being treated by the unskilled. In Saxony alone there are hundreds of these birds of prey, who administer to the sick and the suffering without the slightest notion of what to do or how to do it.

Orders have now been issued by the ministry that all incompetent and illegal practitioners of medicine are to be kept under strict surveillance. They will be given a month to secure other means of livelihood, and if at the end of that time they are still found in practice they will be proceeded against legally. One in-

stance of the extent to which this untutored practice of medicine is carried on is the fact that one medical statistician reports that out of 150 cases of cancer in one province 108 are attended by quacks. Most of the diseases which are alleged to be treated by these people are among the most difficult of cure, but the unlicensed practitioner always alleges magical magnetic power of some sort or other, and insists that the cure can be the result only of unlimited faith in his ministrations. The now notorious case of Nardenkoetter is but one instance of the lengths to which the German quacks go, and it appears to be high time that something should be done to put a stop to their nefarious practices. The German laws are abundantly strong to take care of these gentry, and if the agitation is once begun, they will be put down.

The June number of the Nineteenth Century contains an article by Dr. Alfred Wolff on the increase of cancer. He cites some extremely striking statistics to show that deaths from cancer are on the increase; in the ten years from 1890 to 1900 in Ireland, the number of deaths per 1,000 living increased from 46 to 61, and in Prussia alone the increase in the same time was from 45 to 61. In England and Wales the report for 1900 gave 82.8 deaths per 100,000 from cancer.

Somewhat amazing are the conclusions reached by Dr. Wolff for this increase. He ascribes it, at least in part, to the excessive beer-drinking in some parts of the country; this assumption may be borne out to some extent by some analogies that are interesting, if they are not wholly conclusively. Bavaria heads the cancer list in Germany and the Bavarians are wonderful drinkers of beer. In the beer-drinking districts of France, cancer is prevalent; in the wine-drinking districts it is comparatively unknown. Another cause to which Dr. Wolff ascribes pre-

valence of cancer is the presence of dense forests; in support of this theory he cites the conditions in Bavaria and Baden in Germany, and the provinces of Salzburg and Tyrol in Austria, where cancer is prevalent and where the forests are dense.

The doctor declares that members of the Scandinavian or the Teutonic race are very susceptible to cancer, and those of the Celtic and the Slavonic race are comparatively free from it. He does not believe that cancer is hereditary, but he believes that it is readily transmissible from one patient to another, and he cites a number of cases to bear out his statement. While he offers no very convincing proof of his theories, they are at least striking and for the most part original.

An instance of the fact that your osteopathist believes heartily in the advisability of publicity in connection with his business is clearly shown in a recent issue of one of the St. Paul papers, which devotes something more than a page of its space to a description of osteopathy, its beliefs and objects, and its success (?) in the treatment of disease. The glowing article is embellished with half-tone reproductions of the photographs of a number of the leaders of the osteopathic gentlemen and ladies in St. Paul. The name and the business address of each is carefully printed beneath each half-tone, in case the reader wants to be rubbed. One picture of particular interest represents an osteopath with a child on his knee. The caption beneath reads: "Dr.—— and Son," with the business address. From this it is to be inferred that your successful osteopath must be caught young. We wonder what the effect of a similar display by ethical practitioners would be. Certainly the experiment is not worth attempting, and the fact that such a circus method of advertising has been adopted by some of the St. Paul

osteopaths is only another indication of the length by which the members of the cult are removed from the real physician.

The monthly report of Dr. Carlos J. Finlay, chief sanitary officer for the island of Cuba, touching the questions of the extermination of small-pox and yellow fever, is encouraging. A portion of it reads as follows:

"The showing for 1902 and the beginning of 1903 is very satisfactory, not only in regard to the complete exemption from yellow fever and small-pox, but also in the number of deaths from malaria and the total mortality. There has been no small-pox on the island since 1901 nor yellow fever since September, 1901, and the progressive decrease in malaria has continued without interruption. The condition regarding tuberculosis is not, however, so satisfactory. There has been an increase of 5 to 6 per cent. in deaths from that disease in each of the years 1901 and 1902 and at the present time the proportion of deaths from that cause to the general mortality amounts to over 16 per cent. The superior board of health is making serious efforts to increase the efficiency of sanitary measures in that direction."

The *New York Medical Journal* and the *Philadelphia Medical Journal* have been consolidated, and the first number under the new conditions appeared on June 20. Frank P. Foster, M. D., is editor of the new form of the two well known journals, with Kenneth W. Millican, M. R. C. S., as associate editor. The first number contains among other articles a paper by Dr. Nicholas Senn, which reports an extraordinary case of plastic operation. Drs. Theron Wendell Kilmer, L. D. Weiss and Edwin E. Graham are the other contributors of original articles.

NEW & INSTRUMENTS & DEVICES

Mention of new instruments and devices in this department is entirely complimentary and articles illustrated are judged on their merits.

We invite manufacturers and physicians to send us matter suitable for publication under this head. A description of the device and an electrotype or half-tone with a base not greater than two and five-eighths inches should be sent.

Always mention the price of the article in question.

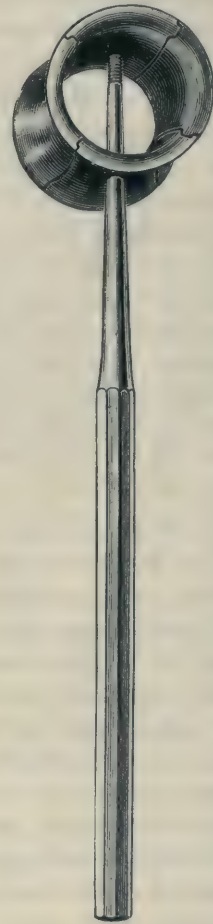
The management cannot undertake to return cuts unless postage for same accompanies the letter with which they are sent.

SEGMENTED RING FOR INTESTINAL ANASTOMOSIS.

This device was originated by Dr. Francis B. Harrington, of Boston, Mass., and he has used it successfully in a number of cases of intestinal anastomosis. It is simple in the extreme, consisting of a ring made in four sections, which are held together by a small bar, which carries a shoulder and a male thread, which fits into a female thread in one of the segments. The sections are held together by tongue-and-groove joints, which are so made as to present no sharp edges to engage in the intestine.

Its method of use is extremely simple, also. The two ends of the intestine to be approximated are sewn with purse-string sutures of strong silk or cat-gut, and these ends are then slipped over the edges of the ring, afterwards being firmly tied in the groove which forms its perimeter. With a Lembert suture, the two ends of the gut are approximated, and the handle unscrewed and withdrawn. If the operation has been carefully done, the tension on the purse-string sutures will hold the segments of the ring in place, even after

the handle has been released, until the softening of the sutures or the sloughing of the intestines permits them to fall apart and the ring to be passed out of the



intestine in four sections. If for any reason it is desired that the ring shall not remain *in situ*, a firm pressure on the segments while they are still in place inside the intestine will readily cause them to fall apart. The orifice through which the handle is withdrawn is readily closed by a single Lembert stitch.

This device may be used either for end-to-end anastomosis, for lateral anastomosis, or for gastro-enterotomy. It is easily applied, and the handle which goes with the ring is handy for use in manipulating it. When the segments have fallen apart, they are easily passed, since the largest of

them is sufficiently small to find an easy exit. They are much lighter than many other devices commonly in use, and the lumen, which is at once established by this operation, is larger than that secured by the use of a button. There is nothing to get out of order, and the whole device is easily sterilized in two minutes with hot water or a 1 to 20 carbolic acid solution. Mercurial solutions should be avoided.

cer and the Charity Hospital. He has written an interesting description of the device in the *Medical Record* of April 11, 1903, parts of which we reproduce. Dr. Clover, of England, first started the method of inducing general anæsthesia by gas-ether inhalation a quarter of a century ago and finally perfected his apparatus, which was improved upon by Hewitt. Up to the time of Dr. Gwathmey's modification of existing inhalers



For ease of insertion, manipulation and final exit, it is one of the best adapted devices we know of, and we have no hesitation in recommending it. The ring and handle retail for \$1.50. Three sizes of rings are made, $\frac{5}{8}$ inches, $\frac{7}{8}$ inches and $1\frac{1}{8}$ inches. The largest of these will scarcely ever be used, while the two smaller ones may be used alike on adults and children.

GWATHMEY GAS-ETHER INHALER.

The inhaler which we illustrate from both the external and the internal view, was designed by Dr. James T. Gwathmey, of New York, who is the anæsthetist to Gouverneur, the New York Skin and Can-

cer for this purpose, the apparatus consisted of a face-piece, two cylinders, one for ether and the other for gas (the latter having an inspiratory and an expiratory valve) and two bags, one for the gas and one for to-and-fro breathing while the ether was being administered. The gas cylinder and bag are generally used between two and three minutes in the gas-ether sequence; they are then removed and are not used again while the anæsthetic is being given.

The new inhaler does away with the gas-cylinder and bag, and this is accomplished by placing one more tube in the ether chamber, with an inspiratory valve in it, while the expiratory valve is in the

face-piece. This practically places the gas within the ether chamber, the same bag being used for both. Weight and bulk are reduced one-half by this device, the new inhaler weighing only twenty-six ounces, against forty-six ounces in the old style. The valves are made of steel, with a brass spring, and they are so arranged in tubes that they may easily be removed and replaced, if necessary. They are made very light, and give great respiratory freedom. The tap on the gas-bag, used for turning on and off the gas and for admitting air when necessary, has been brought forward so that it serves the additional purpose of allowing the ether to be poured directly into the ether chamber, a convenience which can readily be seen.

The inhaler is available for giving ether alone, or gas alone, for the gas-ether sequence and for giving gas and ether at the same time.

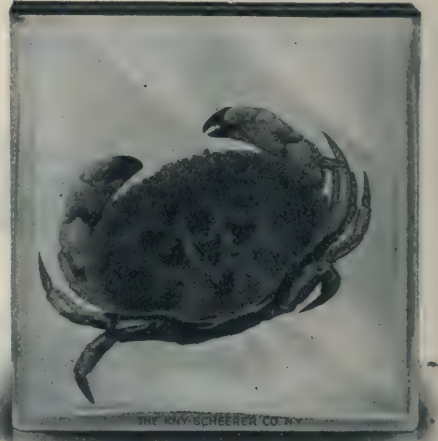
The benefits claimed for this form of apparatus are that little ether is used, that anæsthesia is promptly and completely produced, and that the unpleasant after-effects of ether narcosis are largely avoided. The technique of the apparatus is simple, and the price is within reason. The inhaler, complete, retails to the profession for \$30.00, with \$5.00 extra for the case.

SQUARE GLASS JAR.

The methodical physician often finds himself in a position in which he would like to preserve some interesting pathological specimen carefully, but lacks simple and inexpensive means to do so. We illustrate herewith a glass jar which answers every purpose at a reasonable price, and we cheerfully recommend it to physicians who have need of such a thing. The jars are made of clear flint glass with rounded edges, and the cover fits carefully, being ground to size. The flat side of the jar offers an undoubted advantage

over some of the forms of jar now in use, in that it affords a clear view of the specimen, the image of which is quite undistorted. There is no curvature to give a false image.

The jars have been used by many museums, colleges and schools, and they



have always given satisfaction. They range in price according to size, and are made in two forms. Prices are appended: Tall form, 4 x 2 x 1 in., \$.65; 5 x 2 x 1 in., \$.75; 8 x 2 x 1 1/4 in., \$1.25; 8 3/4 x 3 1/2 x 1 1/2 in., \$1.75; and so on, up to 38 x 5 x 5 in., \$9.00. Flat form, 5 1/4 x 4 x 1 1/4 in., \$1.45; 6 x 6 x 1 in., \$1.60; 6 x 6 x 2 in., \$2.50; and so on, up to 18 x 8 x 5 in., \$6.50.

GALLOWAY SURGICAL OPERATING PAD.

In the Journal for July, 1902, we called attention at some length to the advantages that might be expected to be derived from the judicious use of heat in the management of obstetrical cases. We now desire to call attention to another device of Dr. William A. Galloway, in the shape of a surgical operating pad, which is manufactured both with and without a hot water back-rest. It has numerous advantages over the forms of the obstetrical cushions now prominently on the market, among which may be mentioned the ease

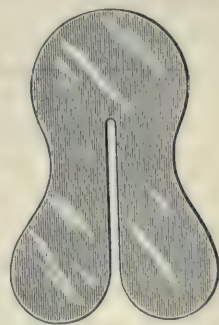
with which the flexible drainage conduit may be changed into a trough, deep, shal-

The construction of the pad is such that it admits of perfect and rapid drainage, and there is ample operating room at the top of the rims, while the whole pad is of sufficient size to answer all purposes. There is no crease where the bottom joins the rims, an additional factor in the ease with which the pad may be kept clean. It is made in two sizes, 20 x 44 inches and 24 x 44 inches, inside measurement, and it may be used either as a pad for general surgery or for perineal work.

With the hot water back-rest the pad retails for \$8.00; without it, it costs \$9.00. This is for the size 20 x 24. The largest size costs \$1.00 more.

CIRCUMCISION RINGS.

These are designed for holding the prepuce firmly while it is being sewed, in the operation of circumcision. The prepuce is placed in the slit shown in the illustration, and is pushed over until it is en-



gaged by the sides of metal, which are rounded. This admits of a firm hold by the operator, and the rings are said to prove of great convenience. Either form retails for the sum of 75 cents, so they are not at all expensive.

A Minnesota paper makes the following pithy remarks in a news item: "A Stillwater osteopath broke the leg of a patient while administering treatment for lameness. The case was turned over to a regular practitioner."

low or curved. It may at a moment's notice be made tight-ended, and it is easily cleansed.

PROGRESS OF MEDICAL SCIENCE

SURGERY AND GYNECOLOGY.

The Value of Venesection in Some Cases.

Andrews (*Medical Record*, May 30, 1903), reports ten cases, showing the value of venesection in proper selections, as follows: One old man of 70, with degenerated heart and blood-vessels, had catarrhal pneumonia; asthma in a weak man of 60; epileptiform attacks in a plethoric man of 62, and dyspneic attacks recurring about monthly in a man aged 70, both cases having been repeatedly relieved by bleeding; hemorrhage from the lungs, in a stout seaman, aged 32; periodical menstrual migraine; and four cases of puerperal eclampsia. In all of the above cases but one, relief immediately followed the treatment, in several instances when other means had failed. No depression or other ill-effect, resultant upon the loss of blood, was noted in any of the cases.

Ingrowing Toenails.

McWilliams (*N. Y. and Phil. Medical Journal*, June 20, 1903), in the prize essay on the treatment of ingrowing toenails, says that this distressing condition usually affects the outer side of the great toe, though any toe may be involved.

The case presents for treatment the buried edge of the nail and the inflamed overhanging soft parts. Prophylaxis consists of wearing low-heeled, broad-toed shoes, and leaving the corners of the nail square instead of round. By palliative treatment of mild cases, the ingrowing edge can often be elevated and the skin depressed without operative measures. Operation is recommended in all but mild cases for the saving of time and suffering and for permanency of results. With a tourniquet around the base, the side of the toe is sprayed with ethyl chloride,

then 2 per cent. cocain solution injected in the matrix at the base of the nail and in front under the nail-bed.



The drawing explains the incisions fully. The first, b: c., is made directly through the nail, beginning well beyond its base, and carried down to the phalanx itself underneath. A second incision, c. d., passes through the prominent overhanging cuticle, at such a point that the soft parts on the side, after the operation, shall be flush with the new formed nail edge. The two incisions join underneath on the phalanx, and all the soft parts, together with the nail included between these two incisions, are excised in a wedge-shaped manner. The most important point in the operation consists in going far enough back beyond the base of the nail, and sufficiently deep, to excise all of the matrix, which will prevent reproduction of the offending nail edge. A couple of silk sutures may be passed to bring the raw edges together, or it may be left unsutured, since the bandage will bring the raw surfaces together fairly well. If a thick dressing is applied, the patient may hobble about on the foot at

once, and after three or four days, walking will be comparatively comfortable. A wet dressing will allay any inflammation. Ten days usually suffices for the wound to heal.

MEDICINE AND THERAPEUTICS.

Poisoning by Corrosives.

Long (*Medical News*, June 27, '03), discusses poisoning by corrosives, emphasizing the fact that the nature of their destructive action depends upon their chemical affinities, i. e., they have so great an affinity for one or more constituents of the tissues as to destroy organic structure in order to satisfy it, their corrosive effect varying with the difference in chemical affinity. Thus, carbolic acid has a simple affinity for albumin, by which it coagulates the surface, thereby limiting its penetration, while caustic potash, with double affinity for water and acids, does not coagulate albumen, but penetrates deeply, until by disorganization of the tissues its affinities are satisfied.

The severity of corrosive poisons depends upon concentration rather than quantity.

Leaving out of consideration iodine, bromine and arsenic, which act more slowly and not entirely along lines of chemical affinity, the following groups comprise the majority of corrosives and obey the outlined rules: 1, Mineral acids. 2, Caustic alkalis. 3, Coagulants (carbolic acid, copper sulphate, mercuric and zinc chloride and silver nitrate.)

Corresponding closely to these three groups, the chief antidotes of practical value are in order as follows: 1, Dilute alkalis. 2, Dilute acids. 3, Albuminous substances. The best immediate treatment for all forms of corrosive poisoning is free dilution with large quantities of water, applying secondarily the chemical antidote.

LABORATORY DIAGNOSIS.

Notes on Clinical Laboratory Examinations.

A few words may not be out of place in regard to the interpretation of reports of clinical laboratory examinations.

A diagnosis can be made but seldom from the laboratory findings alone. The examination of material gives the clinician one more sign, which must be fitted into the whole picture of the disease to be of value. The clinician must make the diagnosis after taking into account all the signs and symptoms, including the result of the laboratory examination. It is as unfair to expect the diagnosis to be made by the laboratory examination alone as it would be to expect to make the diagnosis by the use of the thermometer, to the exclusion of all other methods of physical diagnosis. This statement does not belittle the value of laboratory examinations, for the result of these may be the important sign, and turn the weight of evidence in favor of this or that diagnosis. For example, a culture from the throat is examined and the Klebs-Loeffler bacilli are found. The laboratory man, knowing nothing of the case, cannot say more than that the patient probably has diphtheria, for the Klebs-Loeffler bacilli are sometimes found in perfectly healthy throats; but, given the history and the clinical picture of diphtheria or tonsillitis, the finding of the Klebs-Loeffler bacilli in the throat makes the diagnosis certain, and the questions of treatment and isolation are at once settled. Again, a specimen of blood is examined and a leucocytosis is found. One knowing nothing further of the case cannot say positively whether or not it indicates the presence of pus; but, taken with the history and the bedside findings, it may make the evidence conclusive.

A positive result of a laboratory examination is much more conclusive than a negative result. The clinician should

never be led to reject a diagnosis that rests with reasonable certainty on other grounds, by the negative result of a laboratory examination. For example, the finding of tubercle bacilli in the sputum is much stronger evidence for, than the failure to find them is evidence against, a diagnosis of tuberculosis. In the same way, the presence of the Widal reaction is strong evidence in favor of a diagnosis of typhoid fever, while its absence is of much less value from a diagnostic point of view.

The clinical laboratory has a recognized place in modern scientific medicine. No clinician can afford to practice without making use of it, and he who has sufficient knowledge of laboratory methods to interpret intelligently the reports of examinations has a great advantage over his brother who has not that knowledge. But no one can throw away his skill in physical diagnosis and his knowledge of the symptoms of disease and depend entirely on laboratory diagnosis without falling into grave error.

OPHTHALMOLOGY.

Report of Seven Extractions with Haab's Electro-Magnet.

(Abstracted by Don M. Campbell, M. D., L. R. C. S. (Edin.), Clinical Professor of Ophthalmology and Otology in the Detroit College of Medicine, Attending Oculist and Aurist to Harper Hospital.)

N. J. Weill, M. D., (*American Journal of Ophthalmology*, May, 1903), reports seven very instructive cases of penetrating wounds of the eyeball, with retention of the foreign body within the globe, in which he employed an electro-magnet of large size and great power for their extraction.

The important feature brought out in the report is the vastly better results obtained when the electro-magnet is used early, that is, within a few hours after the original wound is made.

In this report the diagnostic value of the instrument is also strongly illustrated, the presence of the foreign body within the globe being indicated to a certainty by the pain reaction in many cases.

Four of the cases were exposed to the magnet $2\frac{1}{2}$ hrs., $2\frac{1}{2}$ hrs., 5 hrs. and $7\frac{1}{2}$ hrs. respectively, after the injury and resulted in the immediate withdrawal of the metal through the original wound and the saving of all eyes.

In one case, after twelve hours the original wound had to be enlarged; result good.

In one case, the exposure was not made until the next day, when the original wound had to be enlarged and an iridectomy made—result good.

In another case, 4 days had elapsed and an extensive new wound and iridectomy had to be done in order to extract.

In the seventh case, $2\frac{1}{2}$ yrs. had elapsed since the injury and although the steel could be seen with the ophthalmoscope the magnet had no effect upon it whatever.

Conclusions: The best results are obtained by a very early employment of the magnet before the missile is surrounded by lymph. (b) The strength of the magnet cannot be too great.

Ineffectual Attempt to Remove a Piece of Steel from the Eye with the Haab Magnet.

Wm. H. Wilder, M. D., (*Ophthalmic Record*, June, 1903), reports a case of penetrating wound of the eye-ball with retention of the metallic missile within the eye in which the patient was exposed for prolonged periods on the second and third day after the injury to the electro-magnet, without eliciting the diagnostic test or removing the foreign body, although on the third day some pain reaction was manifest.

When the eye was enucleated the steel was found surrounded by a mass of in-

flammatory exudate in the posterior part of the vitreous chamber.

In this case the foreign body passed completely through the lid before it penetrated the eyeball, and this, together with the fact that it became so quickly surrounded and firmly held by the inflammatory lymph makes the case an interesting one.

LARYNGOLOGY, OTOTOLOGY AND RHINOLOGY

The Tonsils and Tonsillotomy.

Dr. G. Hudson Makuen, of Philadelphia, (*J. A. M. A.*, Jan. 17, '03) says: The function of the tonsil and the indications for operative measures on the lymphadenoid tissue composing "Waldeyer's ring" still furnish a wide field for discussion. Opinions vary all the way from that of Bosworth, who stated some twenty years ago that practically there is no tonsil in the healthy throat, and who still is inclined to adhere to this view, to the opinion of those who claim it is a normal physiologic structure with well-defined functions and that it should not be subjected to surgical interference except on evidences of the development of well-marked pathologic conditions. A careful review of the literature would seem to indicate that the latter is the more widely accepted view and that a wholesale removal of this tissue in the absence of any pathologic indications is not to be recommended.

That the complete removal of faucial tonsils may prove to be at least a temporary detriment to the voice has been shown in several cases coming under my own observation, and Dr. H. Lambert Lack, of London, claims that loss of the singing voice often follows the operation. I am convinced, however, that this is only a temporary loss, due to the new condition in the pharynx, and that a little careful practice will always restore the voice and in those cases in which the operation

has been well advised and skilfully executed there will be given to the voice additional beauty and power.

The various operations for the removal of the tonsil are beginning to be regarded with more and more trepidation, on account of the danger of hemorrhage, both primary and secondary. Damianos states that there are on record about 150 cases of severe hemorrhage following tonsillotomy, and that seven of them proved fatal. He adds to the list another fatal case in which the incision passed through the plane of the outer capsule of the tonsil and divided the tonsillar arteries, which failed to contract or retract. He advises against the complete ablation of the tonsil on account of the danger from this source.

Dr. H. A. Leipziger also protests against regarding tonsillotomy as a minor operation, and thinks it should always be done in a well-appointed hospital, where ample opportunities exist for the control of hemorrhage. He is of the opinion that this accident is due to vasomotor influences which may be excluded by syncope or unconsciousness, and this he obtains by hypodermics of morphia.

Dr. W. W. Keen, in reporting two cases of ligation of the external carotid artery for severe hemorrhage following slight operations in the pharynx and nose, takes occasion to emphasize the simplicity and effectiveness of the operation. It takes but a few minutes and it probably saved the lives of the two cases described. It would seem to follow that every throat and nose surgeon should be prepared to do this slight operation.

Dr. Crile has tried the experiment of temporarily clamping the carotid arteries in 19 dogs to prevent hemorrhage in operations about the head and neck. He also reports 18 clinical cases ranging in age from 7 months to 79 years in which this method was used with satisfactory results.

BOOK REVIEWS

Progressive Medicine. A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M. D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia, Etc., Etc.; Assisted by H. R. M. Landis, M. D., Assistant Physician to the Out-Patient Department of the Jefferson Medical College Hospital. Vol. II. June, 1903. Surgery of the Abdomen, including Hernia—Gynecology—Diseases of the Blood and Ductless Glands—The Hemorrhagic Diseases—Metabolic Diseases—Ophthalmology. Lea Bros. & Co., Publishers, Philadelphia and New York, 1903. Pages, 425.

This volume continues the interesting compilation of new knowledge of surgical points contained in the March number. The subject of gynecology is treated at length by John G. Clark, M. D., who is admirably qualified for the task of writing on this important subject. He reviews with interest the important new literature on this line, quoting Israel's article on the problem of the etiology of cancer, in which the latter comes to the same conclusion as Foa—that the parasites of carcinoma are recognized as being vacuolized products of degeneration. Israel ascribes the cause of carcinoma to conditions discovered in the study of the histogenesis and biology of epithelium and endothelium. He does not hold with the theories of Nils-Sjoberg. Stengel's article on the blood is of great interest and is embellished with several colored plates. Stengel also contributes a valuable article on the hemorrhagic and the metabolic diseases. Jackson's article on ophthalmology has much to recommend it, and Coley's contribution on the surgery of the abdomen is masterly in its scope. The

volume is handsomely illustrated and published, and forms a desirable addition to the library of any physician, particularly to that of a very busy one.

A Text-Book of Chemistry, for Students of Medicine, Pharmacy and Dentistry. By Edward Curtis Hill, M. S., M. D., Medical Analyst and Microscopist; Professor of Chemistry and Metallurgy in the Colorado College of Dental Surgery; Professor of Chemistry and Toxicology in the Denver and Gross College of Medicine, University of Denver. With 78 Illustrations, including Nine Full-Page Half-Tone Colored Plates. Pages, 523, Crown Octavo. Price, Extra Cloth, \$3.00 net, Delivered. F. A. Davis Co., 1914-1916 Cherry St., Philadelphia, Pa., Publishers.

Dr. Hill has had a definite purpose in writing this book—that of making it of especial interest to students in medicine and the allied arts. He has been able to make it of undoubted value to all such individuals, and he has compressed his work into most reasonable limits. This he has done by omitting all but the very essential things, with the result that, while the book is not too bulky for convenient use, it still contains practically all that a pharmacist or a medical student needs to know about the science of chemistry. He has drawn for his subject-matter on many authorities in chemistry, but for the most part he has clothed their ideas in his own language.

His frequent use of formulæ is due to his desire to familiarize the reader with chemical terms and nomenclature, which the author prefers to have him learn in this manner rather than by a mere process of memorization. A series of questions follows each section of the book, with the idea of emphasizing the most important points in the student's mind, and this plan should meet with success.

The illustrations are well chosen for the purpose they fulfill, and the entire book is handsomely published from a mechanical point of view. An appendix contains much of value to the practical man, and the index is a valuable help.

Analysis of the Sexual Impulse—Love and Pain—The Sexual Impulse in Women. Third Volume in the Series, "Studies in the Psychology of Sex." By Havelock Ellis, L. S. A. (England); Fellow of the Medico-Legal Society of New York and the Anthropological Society of Berlin; Honorary Fellow of the Chicago Academy of Medicine, Etc., Etc. Price, Extra Cloth, \$2.00 net, Delivered. Sold only to Physicians, Lawyers, Clergymen, Advanced Teachers and Scientists. F. A. Davis Co., Publishers, 1914-1916 Cherry St., Philadelphia, Pa.

Ellis takes up three studies in the present volume of the series he is writing on sexual matters and phenomena. The first is the fundamental one in all writings of this kind. The analysis of the sexual impulse must necessarily prelude any discussion of the phenomena which arise as the result of it, and this subject is fully taken up. The author describes the mating of the lower forms of animal life and quotes at some length from descriptions of the love-dances of various savage peoples.

The second division takes up the relation between love and pain, with some discussion of the two most common and well known forms of sexual perversion along this line—sadism and masochism; the author believes that the line of demarcation between these two forms of perversion is not real. This section includes biographies of De Sade and Leopold von Sacher-Masoch, with some description of the peculiar forms taken by their perversion, and contains some accounts of sadistic and masochistic persons which should

be of interest to readers who are working along the same lines as Ellis. The third division takes up the question of the sexual impulse in woman, and considerable space is devoted to this. Ellis rather scouts the popular idea that women are less susceptible to sexual impulses than men, and brings forward a large amount of data to prove his side. The book closes with a number of sexual histories from different sources.

The Expectant Mother. A Treatise on the Care of the Expectant Mother During Pregnancy and Child-Birth and the Care of the Child from Birth to Puberty. By W. Lewis Howe, M. D. Pages, 63. Size, small 12mo. Price, Extra Cloth, \$.50 net, Delivered. F. A. Davis Co., Publishers, 1914-1916 Cherry St., Philadelphia, Pa.

A handy little book of reference, which would serve admirably for the physician who has a country practice as a concise means of teaching his confinement cases some useful truths. It is indeed a book perhaps better adapted to the use of the nurse in the lying-in room than to the physician himself, and appears to have been written with this use in view. The important points are concisely laid down, and the physician may confidently leave it with the expectant mother for her inspection. It covers the ground well, and for its size contains a remarkably large amount of useful information. Its small price is also in its favor, and we should say that it ought to have a large sale for the purposes which we have mentioned.

Surgical Asepsis. Especially Adapted to Operations in the Home of the Patient. By Henry B. Palmer, M. D., Consulting Surgeon to the Central Maine General Hospital. Ninety Illustrations. Pages, 231. 12mo. Price, Extra Cloth, \$1.25 net, Delivered. F. A. Davis Co.,

Publishers, 1914-1916 Cherry St., Philadelphia, Pa.

Although he is not too insistent on this feature of his writing, Dr. Palmer has evidently written this work on asepsis in surgery at least partially with the idea of showing that surgery may be as well performed in the home as in the hospital, provided proper precautions are taken. Most practitioners will agree with him that the atmosphere of the home is more conducive to uninterrupted recovery from operations than that of the hospital, provided that surgical precautions of a proper kind are observed. The definite purposes of the book are to show what is necessary and to show how it may be secured. Only so much mention of bacteriology and theory as our author believes to be indispensable has been included in the text, and the doctor devotes most of his attention to the two points mentioned.

This being the case, the book should be of especial value to the practitioner who is obliged to do surgical work without hospital facilities, or who has the after-care of a surgical case on his hands. Dr. Palmer insists quite strongly on the advantages of asepsis over antisepsis, particularly in what he calls "house-to-house" surgery, and he makes a strong case. A number of devices for sterilization are illustrated, and photographs are shown of a room in a private house prepared for an aseptic operation, that should be of service to a physician who is called upon to do surgical work under these conditions. The text is simple and well adapted for the purpose it serves, and the illustrations are of value. It is a concise and helpful little book.

larged by the Author and his Son, William T. Cathell, A. M., M. D., Baltimore, Md. Pages, 404. Price, Cloth, \$2.50, Delivered. F. A. Davis Co., Publishers, Philadelphia, Pa.

More than four hundred pages may easily be devoted to a friendly discussion of the pitfalls that beset the path of the earnest physician and the best means of avoiding them, but most men run to weariness in personal matters when they discourse on them at length. Dr. Cathell, when he first wrote down the results of his observations of the things that go to make or mar the success of the practitioner, wrote in a pleasant and not prosy vein. The result of his well chosen style was that ten editions of his work were published and sold. The one we have before us is the eleventh and fitly named the "Twentieth Century Edition." It contains all that is good of former editions, in an enlarged and improved form, better dressed and published. While it is true that it is practically impossible to teach tact to a tactless man, nevertheless there are many things which may be said in a pleasant way to the everlasting good of the person addressed, in so far as the question of improving his chances of making a favorable impression is concerned. Dr. Cathell and his son have taken up their work in a serious mind, but there is a leavening of humor in what they write. No hard and fast rules are laid down, but there is suggestion in every line for the thoughtful reader. A knowledge of human nature as a whole is often of greater value to a physician than an exact knowledge of medicine, and this book is full of prescriptions that may be varied to suit most cases in this line.

The pleasant character of the book, combined with the really valuable suggestions it contains, should make it useful to many practitioners; the fact that nearly 50,000 copies of it have been sold in the first ten editions proves its acceptability to the profession in general, and its reasonable price is another thing in its favor.

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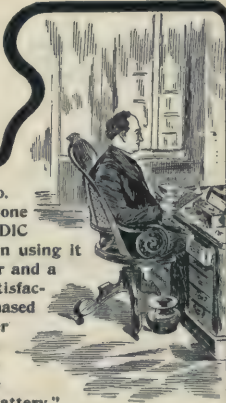
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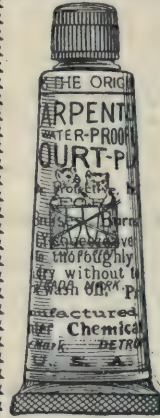


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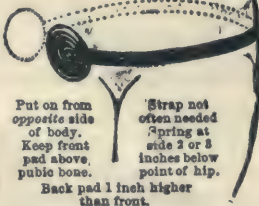
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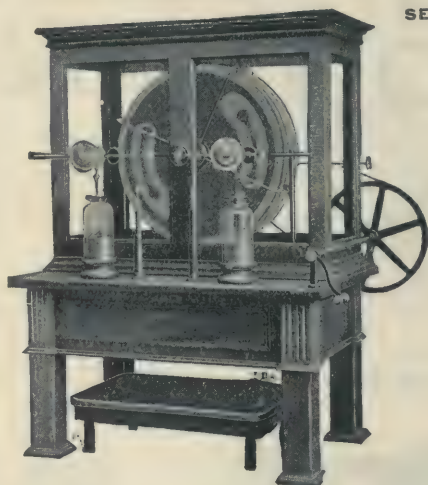
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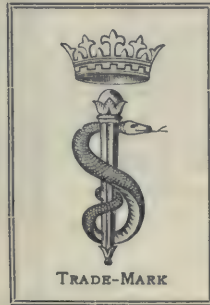


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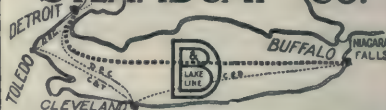
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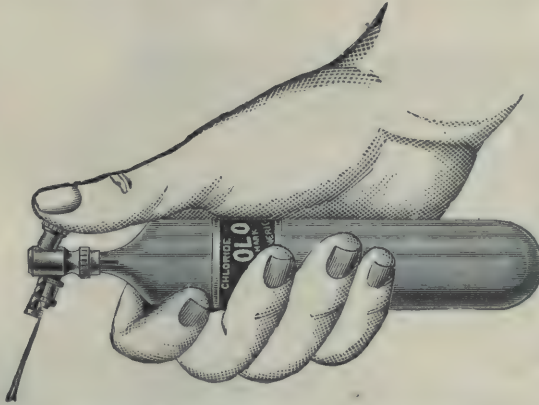
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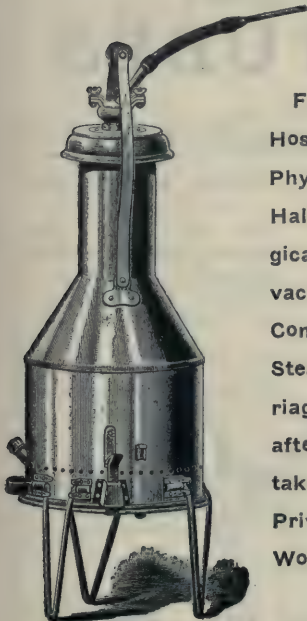
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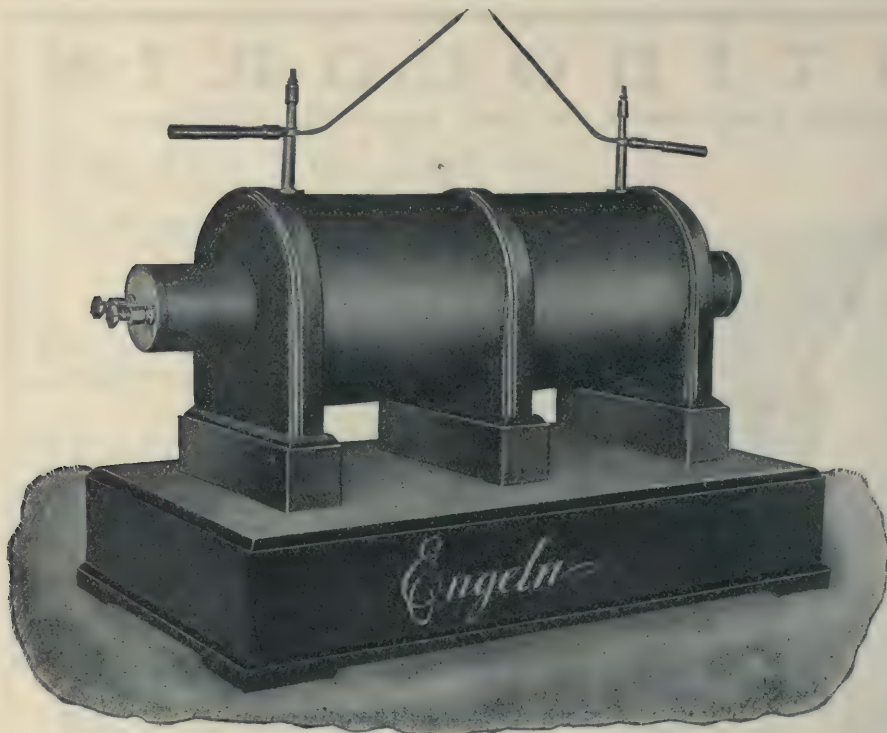
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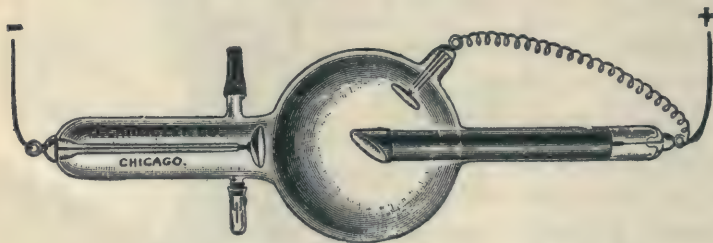
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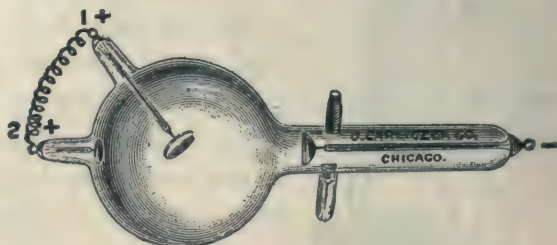
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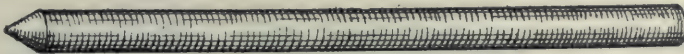
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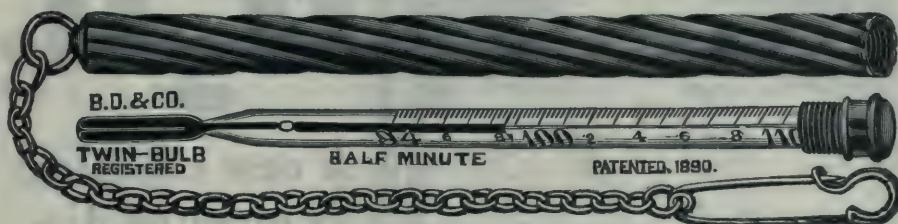


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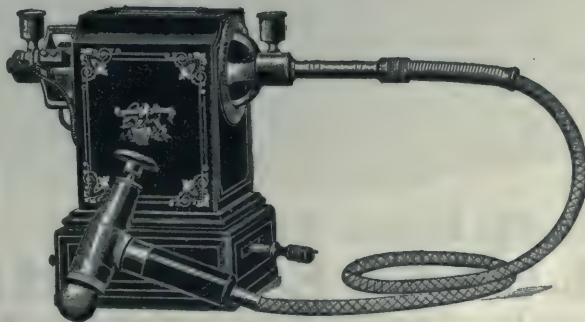
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